

**Minutes of the 49th Meeting
of the
SAMHSA National Advisory Council**

March 30, 2011

Rockville, Maryland

**Department of Health and Human Services
Substance Abuse and Mental Health Service Administration**

**Substance Abuse and Mental Health Services Administration
49th Meeting of the SAMHSA National Advisory Council
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Minutes

The Substance Abuse and Mental Health Services Administration (SAMHSA) National Advisory Council convened in open session for its 49th meeting on March 30, 2011, 2010, at SAMHSA headquarters in Rockville, Maryland. Pamela S. Hyde, J.D., SAMHSA Administrator, chaired the meeting.

Council Members Present: Hortensia Amaro, Ph.D.; Terry L. Cross, M.S.W., L.C.S.W., A.C.S.W.; Arturo N. Gonzales, Ph.D.; Stephanie Le Melle, M.D.; Donald E. Rosen, M.D.; Flo A. Stein, M.P.H.; Cynthia A. Wainscott; and Laurent S. Lehmann, M.D. (ex officio) (see Tab A, Council Roster)

Designated Federal Official: Toian Vaughn, M.S.W.

Non-SAMHSA Federal Staff Present: 0 individuals (see Tab B, Federal Attendees List)

Representatives of the Public Present: 9 individuals representing 7 organizations and the trade press (see Tab B, Public Attendees List)

Call to Order

Ms. Toian Vaughn, Designated Federal Official, SAMHSA National Advisory Council, called the 49th meeting of the Council to order on March 30, 2011, at 8:35 a.m.

Welcome and Opening Remarks

Ms. Pamela S. Hyde, SAMHSA Administrator, welcomed attendees, and Council members introduced themselves.

Ms. Kana Enomoto, Director of SAMHSA's new Office of Policy, Planning, and Innovation (OPPI), explained that SAMHSA has released *Leading Change: A Plan for SAMHSA's Roles and Actions 2011–2014*, which describes the strategic initiatives that guide SAMHSA's work. She stated that the objective of OPPI is to assure that the Agency achieves its vision and mission through policy liaison, coordination, and innovation.

Administrator's Report

Ms. Hyde noted the resignation of Council member Kate Aurelius. Ms. Hyde stated that the SAMHSA Tribal Technical Advisory Committee has been reconstituted and that several Council members plan to discuss professional training issues with CSAT's Director, Dr. Westley Clark.

Ms. Hyde described SAMHSA's new structure: three programmatic centers—Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP), Center for Substance Abuse Treatment (CSAT)—and the new Center for Behavioral Health Statistics and Quality (CBHSQ). SAMHSA's offices include Office of the Administrator, OPPI, Office of Financial Resources, Office of Management and Technology, Office of Indian Alcohol and Substance Abuse, Office of Communications, and the Office of Behavioral Health Equity (OBHE).

Council Discussion

Ms. Hyde invited Council members to comment on the proceedings of the joint meeting of SAMHSA's advisory committees the previous day. Dr. Laurent Lehmann explained that the Department of Veterans Affairs (VA) focuses on Psychological First Aid, the development of coping and problem-solving skills pre- and post-involvement in threat and disaster situations. Both the VA and Department of Defense (DoD) avoid using the term *mental*. Ms. Hyde stated that SAMHSA's disaster work has led to consideration of how to prevent behavioral health impacts. Ms. Kathryn Power, CMHS Director, stated that she, Dr. Lehmann, and representatives of DoD have begun to consider that work with disaster response, anticipating trauma, and military families must include lifelong building of resiliency skills and capabilities throughout the population to raise the public's ability to react to and heal from ongoing traumatic events. Ms. Enomoto noted that Psychological First Aid differs from Mental Health First Aid, a broader-based public education effort to orient people to the signs and symptoms of mental illnesses.

Dr. Donald Rosen will send SAMHSA information on the emerging specialty of collegiate mental health. Ms. Cynthia Wainscott urged SAMHSA to discuss with its constituency groups where and how *Leading Change* addresses their unique programmatic interests and concerns.

In a broad discussion of language nuances, Ms. Wainscott urged avoidance of the term *physical health* in juxtaposition with *mental health*. Dr. Stephanie Le Melle observed that the medical field discusses *bias* and *stereotype*, and Ms. Wainscott urged continued use of *discrimination* because bias is not illegal. Ms. Flo Stein observed the heightened need for SAMHSA to clarify values and meanings as behavioral health integrates with primary care. Mr. Mark Weber, Office of Communications Director, stated that the Behavioral Health Coordinating Council is creating a glossary of terms to achieve consistency across the Department of Health and Human Services (HHS). Ms. Power added that the mindsets of SAMHSA's partners in other sectors must be considered. Ms. Frances Harding, CSAP Director, noted the particular importance of language in the prevention arena. Dr. Peter Delany, CBHSQ Director, observed that precision in language impacts data as well as programs and policy.

Advisory committee members at the joint meeting raised issues related to mental health on college campuses, role of youth in policy, professional provider training and standards, women's issues, and tribal issues, among others. Mr. Terry Cross expressed appreciation for SAMHSA's emphasis on tribal issues in its strategic initiatives and rich discussions at the meeting.

Dr. Arturo Gonzales voiced concern about the availability and quality of data for rural areas, where many Hispanics live. Dr. Delany responded that telephone surveys pose many challenges, including low response rates and the widespread use of mobile phones. SAMHSA oversamples in rural areas, but its penetration into Indian Country is not as strong as the Agency would like, in part due to data-ownership issues. Mr. Cross echoed concern about data issues, for example, utilization data that does not count people who lack access to services and aggregated data that curtails attention to variables. Dr. Delany stated that he will prepare a report for the Council on SAMHSA's current data collection activities, and Dr. Larke Huang, OBHE Director, will provide census data on areas with growing Latino populations. Ms. Hyde stated that HHS has convened a task force on data in Indian Country. Dr. Huang noted that the Secretary's Disparity Council is considering both how to sample sparsely populated areas and the collection of county-level data from Federal surveys related to social determinants of health.

Council members concurred with Ms. Hyde's suggestion to convene a panel of high-level representatives of selected Federal agencies to discuss data issues at the next joint council meeting. They also suggested convening a similar panel on workforce issues; an Agriculture Department (USDA)/Federal Communications Commission panel on health information technology (HIT) applicable to rural areas; a DoD/Justice Department panel on issues of overrepresentation by gender and certain communities of color; and a Health Resources and Services Administration (HRSA) representative to discuss integrating

primary care and behavioral health. Ms. Hyde suggested that Ms. Power and Dr. Amaro connect regarding Dr. Amaro's work on the Institute of Medicine's committee on substance abuse assessment, diagnosis, and treatment in the military.

Mr. Cross asserted that SAMHSA's task is to "give behavioral health away" to its Federal partners. He suggested working with HRSA and Centers for Disease Control and Prevention (CDC), in particular on taking to scale the Children's Mental Health and Systems of Care programs. Dr. Huang stated that other agencies have begun to request SAMHSA's assistance, including USDA, which wants to incorporate SAMHSA's prevention expertise into the work of its Cooperative Extension Office, the largest U.S. funder of afterschool programs.

Consideration of the Minutes of the August 2010 SAMHSA Council Meeting

Council members unanimously approved the minutes of the SAMHSA Council meeting held on August 16–17, 2010.

SAMHSA's New Office of Behavioral Health Equity

Dr. Larke Huang, Director, Office of Behavioral Health Equity (OBHE), SAMHSA, explained that SAMHSA created OBHE to help populations that are underserved or unserved, or that achieve poor health and behavioral health outcomes, to achieve health equity. To illustrate the problem, Dr. Huang noted that the Administration for Healthcare Research and Quality (AHRQ) reports that Latinos and African Americans currently experience growing disparities in quality and access to care for mental health issues.

OBHE's work reflects the HHS Secretary's Health Disparities Strategic Action Plan, 2011 National Stakeholder Strategy for Achieving Health Equity, and SAMHSA's strategic initiatives, among other guidance. The Secretary's strategic initiatives focus on ensuring access to quality and culturally competent care for vulnerable populations; she has created an HHS Coordinating Council on LGBT [Lesbian, gay, bisexual, and transgender] Issues, and has incorporated a focus on social determinants of health in interdepartmental efforts to create healthy communities. The Secretary's Health Disparities Strategic Action Plan involves assessing the impact of HHS policies and programs to reduce disparities, use of data to improve the health of minority groups, and measuring and incentivizing better health care quality for minority groups. Healthy People 2020's top 12 indicators for the Nation include depression, binge drinking, and illicit drug use.

The Secretary's strategic initiatives align with her disparities action plan; the strategic initiatives seek to address health insurance coverage disparities and establish usual primary care providers; to strengthen health and human services infrastructure and workforce; to build practitioners' capacity in integrated primary care/behavioral health settings; and to improve training in trauma. Dr. Huang explained that the National Stakeholders Strategic Plan, based on grassroots deliberations, presents action steps for the following domains: awareness of the significance of health disparities, leadership, health system and life experience, cultural and linguistic competency, and data, research, and evaluation.

Dr. Huang welcomed input on OBHE's draft vision and mission statements. Vision: All populations have equal access to high quality behavioral health care. Mission: To reduce the impact of substance abuse and mental illness on populations that experience behavioral health disparities by improving access to quality services and supports that enable these individuals and families to thrive, participate in, and contribute to healthy communities. OBHE's functions will include leadership on health equity and health disparities issues; disparities policy and practice, including requirements to address health equity in SAMHSA's RFAs and to identify action steps for each of SAMHSA's strategic initiatives; data strategy; multicultural

public awareness campaigns, Web page development, blogs, and SAMHSA and government-wide communication strategies; “customer” support and resources available from within and outside SAMHSA; quality practice and workforce development in communities, a bidirectional approach that involves the National Network to Eliminate Disparities in Behavioral Health; special projects with SAMHSA’s Centers; proposed special projects, for example on depression in underserved communities; connecting with multiple SAMHSA work groups that address specific populations; building capacity of SAMHSA staff; obtaining input from SAMHSA’s National Advisory Council; and developing an OBHE strategic plan with benchmarks and a tracking mechanism.

Ms. Hyde enumerated a number of SAMHSA programs that have focused on these issues, including suicide prevention among Latina youth, pregnant and parenting women, military families, and sexual trauma.

Discussion. Ms. Stein suggested that OBHE link with States’ offices of minority health or multicultural directors to focus on behavioral health issues. Dr. Amaro suggested that SAMHSA consider how to collect service-delivery data on recent and/or undocumented immigrants. She also urged SAMHSA to implement its strategic initiatives and data strategies with attention to gender and communities-of-color issues.

Dr. Le Melle described the need for adjustment to a Food and Drug Administration (FDA) regulation on Clozaril, because the differential physiology of certain minority groups currently makes them ineligible to use this valuable medication. Dr. Clark suggested exploring the issue with FDA. Dr. Le Melle suggested that the American Psychiatric Association may also play a role. Ms. Wainscott urged engaging a mental health consumer in the conversation.

Extended Nicotine Replacement Therapy

Dr. Stephanie Le Melle, SAMHSA Council Member, stated that SAMHSA and CDC will petition FDA to change regulations on nicotine replacement therapy (NRT). She explained that tobacco is the leading cause of death and disease in the Nation; people with mental health issues smoke cigarettes at a rate two to three times higher than the general population; and people with severe mental illnesses die decades younger than the general population.

The Public Health Service recommends that health insurers cover tobacco cessation medications and counseling, and the FDA has approved NRT for 6–12 week intervals. The general population can be weaned successfully in that time, but studies of individuals with severe mental illnesses demonstrate greater dependency on nicotine, and the need for a longer course at higher doses to achieve cessation. Dr. Le Melle explained that when people are hospitalized and cannot smoke, they withdraw from nicotine—but upon discharge, when they return to smoking, the nicotine interacts with some psychotropic medications, lowering the blood levels of the drugs and therefore the drugs’ effectiveness. Evidence has shown that nicotine has positive effects on people with schizophrenia. SAMHSA and CDC will petition FDA to change the regulations to permit indefinite use of NRT—and thus permit coverage by Medicaid and other health insurers.

Discussion. Ms. Hyde observed that Dr. Le Melle’s suggestion to petition FDA represents an important, low-cost policy change. Council members unanimously endorsed the action. Ms. Wainscott suggested that SAMHSA leaders consult with members of its National Advisory Council’s Subcommittee on Consumer/Survivor Issues regarding the recommendation. Dr. Lehmann observed that NRT may facilitate opportunities for consumers to experience richer engagement in the community, particularly in places where smoking is prohibited. To Dr. Amaro’s question on possible adverse effects of NRT on pregnant or lactating women, Dr. Le Melle observed the need for its usage under medical supervision.

SAMHSA's Prevention Strategy

Ms. Frances M. Harding, CSAP Director, SAMHSA, described advances in implementing the goals of SAMHSA's top strategic initiative, prevention of substance abuse and mental illness: building emotional health, preventing underage drinking and adult problem drinking, preventing suicide and attempted suicides, and reducing prescription drug misuse and abuse.

In the past 3 months, in addition to its work on NRT, SAMHSA has focused on underage drinking in two ways. It has reestablished the Interagency Coordinating Committee on Prevention of Underage Drinking (ICCPUD) and has partnered with the Office of the Assistant Secretary for Health and with the Office of National Drug Control Policy (ONDCP) in a National Institute on Alcohol Abuse and Alcoholism (NIAAA) initiative to reconvene college presidents on a task force to reduce binge drinking on campuses. The National Action Alliance for Suicide Prevention has focused on the National Strategy for Suicide Prevention; research, data, and surveillance; American Indian and Alaska Native issues; LGBT issues; survivors of suicide attempts; and clinical care, faith communities, and clinical work groups. SAMHSA hosted a meeting of Garrett Lee Smith Campus Suicide Prevention grantees. The Behavioral Health Coordinating Committee's Pharmaceutical Abuse Subcommittee has drafted its mission statement and action steps, and SAMHSA has worked with ONDCP and other agencies to ensure consistent messaging on prescription drug misuse. SAMHSA also has worked with the Drug Enforcement Administration on its prescription drug take-back program. Noting that alcohol is suspected in two thirds of all cases of college suicides, Ms. Harding stated that SAMHSA's specific prevention priorities include underage drinking and campus suicide.

Discussion. Ms. Hyde added that SAMHSA's emphasis on youth anticipates significant downstream impacts on adult substance abuse and mental health issues. Ms. Power cited data that demonstrate the serious public health issue of suicide prevention, the need for culturally competent approaches, and the need to create public dialogue on the subject. Ms. Hyde stated that a proposed nutrition-related regulation would require restaurants to identify the calorie count of alcoholic beverages. Dr. Clark identified the need for better data and classification schemes to differentiate various populations vulnerable to suicidal ideation and to identify "avoidable" suicides. Ms. Harding observed that the strategic initiative addresses a range of adverse outcomes and heightens awareness of their interrelationships. Dr. Huang noted that SAMHSA has good data regarding suicide and binge drinking by race and ethnicity. For example, although data on drinking by Asians show low rates, Native Hawaiian/Pacific Islander youth have the highest rates of binge drinking; data can help generate strategies to deploy resources. Ms. Hyde noted significant differences in the age 18–25 groups who go to college, enter the military, or do neither. Dr. Huang highlighted SAMHSA's work on LGBT youth and bullying issues.

In response to a question from Dr. Gonzales, Ms. Power stated that SAMHSA has engaged prevention community coalitions and prevention leaders to emphasize suicide prevention in programs targeted at youth. Dr. Gonzales suggested that SAMHSA partner with HRSA's community health centers and community mental health centers. Dr. Rosen suggested that SAMHSA provide input into the Accreditation Council on Graduate Medical Education's review of guidelines for general psychiatry and subspecialties. Ms. Hyde suggested linking Dr. Rosen with the Action Alliance's task force on clinical standards.

Dr. Amaor observed the need to address problem drinking and suicides in campus LGBT communities, and problem drinking among Latin immigrant men. Dr. Le Melle stated that comparative data has been developed on binge drinking and alcohol use at residential and commuter colleges. She endorsed SAMHSA's attention to the prescription drug issue and also suggested the need to address suicide by police. Ms. Wainscott urged SAMHSA to convince States to avail themselves of Federal prevention

funds, and to educate States on universal and selected prevention interventions. She also suggested gathering information on States' prevention plans. Ms. Hyde noted the need for input from Council members on prevention grants. Mr. Cross urged SAMHSA to attend to the protective factors of culture.

Public Comment

Dr. Steve Ester asked SAMHSA to address the mental health and substance abuse needs of older adults. Ms. Hyde responded that SAMHSA works on projects that affect older adults, but budget realities lead the Agency to target little money for those activities. Ms. Hyde stated that HHS's efforts on Medicaid and Medicare and HIT will have significant positive effects on seniors.

Dr. Yolanda Briscoe described her community-based agency's cost-effective strategies to address disparities: cross-training with neighboring agencies, offering tuition assistance for staff, partnerships with mental health centers for day treatment (to reduce shame and confidentiality concerns), framing youth services as life skills education and an opportunity to play computer games, soliciting grants for such activities as Youth Works, and framing assessment questions to facilitate self-identification on sensitive dimensions.

Dr. Stephanie Covington emphasized the need for both a gender-specific data strategy and gender-specific messaging. Dr. Peter Delany responded that SAMHSA categorizes all its datasets by gender and race.

Dr. Patricia Mrazek celebrated SAMHSA's emphasis on prevention, noting the need to "give it away to States" and to fund outcome evaluations. She noted that some States reject prevention efforts because they are unaware that prevention works.

Council Discussion

Mr. Cross urged SAMHSA to leverage its significant investments in Systems of Care and other children's programs by implementing them nationwide. Ms. Hyde responded that congressional funding and interagency partnerships will determine the degree to which SAMHSA can take effective programs to scale.

Dr. Amaro suggested that SAMHSA track the success of providers, including providers to communities of color, in adjusting to future challenges and continuing to provide services. Ms. Hyde observed that Council members might consider this issue at the next Council meeting. Ms. Power stated that SAMHSA's upcoming regional meetings may offer opportunities to learn about this issue from state representatives.

Adjournment

Ms. Hyde adjourned the meeting at 12:30 p.m.

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

6/22/11
Date

/s/
Kana Enomoto, M.A.
Chair
Advisory Committee for Women's Services
Director, Office of Policy, Planning and Innovation

Minutes will be formally considered by SAMHSA's Advisory Committee for Women's Services at its next meeting, and any corrections or notations will be incorporated in the minutes of that meeting.

Attachments:

Tab A – Roster of Members

Tab B – Attendees

Tab A

**Substance Abuse and Mental Health Services Administration
SAMHSA National Advisory Council
Roster**

CHAIRPERSON

Pamela S. Hyde, J.D.

Chair/Administrator
Substance Abuse and Mental Health Services Administration
Rockville, MD

DESIGNATED FEDERAL OFFICIAL

Toian Vaughn, M.S.W.

Public Health Analyst
Office of Policy, Planning and Innovation
Substance Abuse and Mental Health Services Administration
Rockville, MD

MEMBERS

Term Ending

Hortensia Amaro, Ph.D.

Distinguished Professor
Bouvé College of Health Sciences and
Director, Institute on Urban Health Research
Northeastern University
Boston, MA

2012

Mr. Terry L. Cross, M.S.W., L.C.S.W., A.C.S.W.

Executive Director
National Indian Child Welfare Association, Inc.
Portland, OR

2011

Arturo N. Gonzales, Ph.D.

Executive Director
Sangre de Cristo Community Health Partnership
Santa Fe, NM

2013

Stephanie Marie Le Melle, M.D.

Associate Director
Washington Heights Community Services
New York State Psychiatric Institute
New York, NY

2013

Donald E. Rosen, M.D.

Associate Professor of Psychiatry
Director, Psychiatry Residency Training Program
Oregon Health & Science University
Portland, OR

2013

Flo A. Stein, M.P.H. 2012
Chief, Community Policy Management
Division of Mental Health,
Developmental Disabilities and Substance Abuse Services
Department of Health and Human Services
Raleigh, NC

Ms. Cynthia A. Wainscott 2011
Former C.E.O. and President of Mental Health America
Cartersville, GA

EX-OFFICIO MEMBERS

The Honorable Kathleen Sebelius
Secretary
Department of Health and Human Services
Washington, DC

Laurent S. Lehmann, M.D.
Associate Chief Consultant
Mental Health Disaster Response
Post Deployment Activities/PTSD
Department of Veterans Affairs
Washington, DC

Tab B

Attendees

SAMHSA National Advisory Council Meeting

March 30, 2011

5 Federal Attendees

None

9 Attendees Representing 7 Constituent Groups

American Public Human Services Association - Megan Lape

Arch Institute - Averett Parker

Gallup - Joanna Barbow

Lifering Dunbar - Lynn Cullers

National Federation of Families for Children's Mental Health - A. Elaine Slaton

SAE and Associates - Judith Estrine and Steve Estrine

USF - Tom Morroy