# POSITION DESCRIPTION

# Administrator of the SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINiSTRATION, Department of Health and Human Services

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| **OVERVIEW** | |
| Senate Committee | Health, Education, Labor and Pensions |
| Agency Mission | To enhance and protect the health and well-being of all Americans by providing effective health and human services and fostering advances in medicine, public health and social services |
| Position Overview | The role of the administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) is to improve the quality and availability of prevention, treatment and rehabilitation services in order to reduce illness, death, disability and cost to society resulting from substance abuse and mental illness.[[1]](#endnote-1) |
| Compensation | Level IV $155,500 (5 U.S.C. § 5315)[[2]](#endnote-2) |
| Position Reports to | Secretary of Health and Human Services |
| **RESPONSIBILITIES** | |
| Management Scope | The administrator oversees an agency with four centers, four offices, more than 600 employees and a budget of $3.7 billion.[[3]](#endnote-3) |
| Primary Responsibilities | * Supervises the functions of SAMHSA’s agencies to assure that the programs each agency carries out receive appropriate and equitable support and that there is cooperation among the agencies in implementing the programs * Establishes and implements, through the respective agencies, a comprehensive program to improve the provision of treatment and related services to individuals for substance abuse and mental illness, and prevention services—to promote mental health and protect the legal rights of individuals with mental illnesses, and those who are substance abusers * Carries out the administrative and financial management, policy development and planning, evaluation, knowledge dissemination and public information functions required for the implementation of this subchapter (42 U.S.C. § 290aa) * Assures that the administration conducts and coordinates demonstration projects, evaluations and service system assessments and other activities necessary to improve the availability and quality of treatment, prevention and related services * Supports activities that will improve the provision of treatment, prevention and related services, including the development of national mental health and substance abuse goals and model programs * Develops educational materials and intervention strategies to reduce the risks of HIV or tuberculosis among substance abusers and individuals with mental illness, and to develop appropriate mental health services for individuals with such illnesses, in cooperation with the National Institutes of Health (NIH), the Centers for Disease Control and Prevention, and the Health Resources and Services Administration * Coordinates federal policy with respect to the provision of treatment services for substance abuse using anti-addiction medications, including methadone * Conducts programs and assures they are coordinated with activities of NIH and the Agency for Healthcare Research and Quality (AHRQ), as appropriate, to evaluate the process, outcomes and community impact of treatment and prevention services and systems of care, in order to identify how such services can be provided most effectively * Collaborates with the NIH director in the development of a system by which the relevant research findings of the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, and, as appropriate, AHRQ, are disseminated, to help providers improve the delivery and effectiveness of treatment and prevention services * Encourages public and private entities that provide health insurance to provide benefits for substance abuse and mental health services * Promotes the integration of substance abuse and mental health services into the mainstream of the U.S. health care delivery system * Monitors compliance by hospitals and other facilities with the requirements of sections 290dd–1 and 290dd–2 of this title * With respect to grant programs authorized under this subchapter (42 U.S.C. § 290aa), assures that:   + All grants awarded for the provision of services are subject to performance and outcome evaluations   + All grants awarded to entities other than states are awarded only after the state in which the entity intends to provide services     - Is notified of the pendency of the grant application     - Is afforded an opportunity to comment on the merits of the application * Assures that services provided with amounts appropriated under this subchapter (42 U.S.C. § 290aa) are provided bilingually, if appropriate * Improves coordination among prevention programs, treatment facilities and nonhealth care systems such as employers, labor unions and schools, and encourages the adoption of employee assistance programs and student assistance programs * Maintains a clearinghouse for substance abuse and mental health information to assure the widespread dissemination of such information to states, political subdivisions, educational agencies and institutions, treatment providers and the general public * Promotes and evaluates substance abuse services for older Americans who need them and mental health services for older Americans who are seriously mentally ill, in collaboration with the National Institute on Aging and in consultation with the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism and the National Institute of Mental Health, as appropriate * Promotes the coordination of service programs conducted by other departments, agencies, organizations and individuals that are, or may be, related to the problems of individuals suffering from mental illness or substance abuse; this includes liaising with the Social Security Administration, Centers for Medicare & Medicaid Services and other department programs as well as with the departments of Education and Justice, and other federal departments and offices, as appropriate (42 U.S.C. § 290aa) |
| Strategic Goals and Priorities | [Depends on the policy priorities of the administration] |
| **REQUIREMENTS AND COMPETENCIES** | |
| Requirements | * Understanding of state and local governments * Government administration experience * Experience in comparable or related state agencies * Knowledge of the mental health system and substance abuse programs (preferred) |
| Competencies | * Excellent leadership skills * Strong communication and interpersonal skills * Ability to work in a matrixed agency * Ability to handle sensitive matters * Excellent negotiation skills * Ability to work across partisan lines * Ability to form relationships with advocacy groups * Capacity to deal with tension between those with substance abuse issues and those with mental health problems |
| **PAST APPOINTEES** | |
| Pamela S. Hyde (2009 to 2015): Cabinet Secretary of the New Mexico Human Services Department; Senior Consultant for Technical Assistance Collaborative, Inc.; President and CEO of ComCare[[4]](#endnote-4) | |
| Terry L. Cline (2006 to 2008): Health Cabinet Secretary, Governor Charles Bradford Henry, State of Oklahoma; Commissioner, Mental Health and Substance Abuse Services Department, State of Oklahoma; Health Care Policy Fellow, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services | |
| Charles Curie (2001 to 2006): Deputy Secretary for Mental Health and Substance Abuse Services, Department of Public Welfare, Commonwealth of Pennsylvania; Director of Risk Management Services, Henry S. Lehr Inc.; President and CEO, Helen H. Stevens Community Mental Health Center | |

1. OPM [↑](#endnote-ref-1)
2. The Consolidated Appropriations Act, 2017 (Public Law 115-31, May 5, 2017), contains a provision that continues the freeze on the payable pay rates for certain senior political officials at 2013 levels during calendar year 2017. [↑](#endnote-ref-2)
3. https://www.samhsa.gov/about-us/who-we-are/leadership/biographies/kana-enomoto [↑](#endnote-ref-3)
4. http://www.allgov.com/officials/hyde-pamela-s?officialid=29153 [↑](#endnote-ref-4)