

**U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Mental Health Services (CMHS)
National Advisory Council (NAC) Meeting
5600 Fishers Lane
Conference Room 14SEH02
Rockville, MD 20857**

August 27, 2020

Chairperson

Anita Everett, M.D., DFAPA

Designated Federal Official

Pamela Foote

Council Members Present

Jane Adams, Ph.D.
Steven Adelsheim, M.D.
Sergio Aguilar-Gaxiola, M.D., Ph.D.
Michael Biasotti, M.A.
Leonard Bickman, Ph.D., M.A., B.S.
Dennis Embry, Ph.D.
Wenli Jen, Ed.D.
Jeffrey W. Patton M.S.W.
Lori Raney, M.D.
Sampat Shivangi, M.D., FICS
Khatera Tamplen, B.S.

Council Members Absent

Stacy Rasmus, Ph.D.

Ex Officio Member Present

Elinore F. McCance-Katz, M.D., Ph.D., Assistant Secretary for Mental Health and Substance Use

Ex Officio Members Not Present

Joshua A. Gordon, M.D., Ph.D., Director, National Institutes of Mental Health (NIMH)
Robert K. Heinssen, Ph.D., Director, Division of Services & Intervention Research, NIMH
Christopher Loftis, Ph.D., PMP, National Director, Veterans Administration/Department of Defense, Mental Health Collaboration, Office of Mental Health and Suicide Prevention
Joel Sherrill, Ph.D., Deputy Director, NIMH, Division of Services and Intervention Research

SAMHSA Staff Present

Deepa Avula, Chief of Staff, Office of Assistant Secretary
Melinda J. Baldwin, Ph.D., LCSW, Chief, Child, Adolescent and Family Branch, CMHS
Lora Fleetwood, Public Health Advisor, Division of Prevention, Traumatic Stress and Special Programs, (DPTSSP) CMHS
Elizabeth Lopez, Ph.D., Deputy Director, Center for Behavioral Health Statistics and Quality (CBHSQ)
Richard McKeon, Ph.D., Chief, Suicide Prevention Branch, DPTSSP, CMHS
Krishnan Radhakrishnan, M.D., Ph.D., MPH, Director, CBHSQ
Tison Thomas, M.S.W., L.M.S.W., Director, Division of State and Community Systems Development (DSCSD), CMHS
Eric Weakly, Branch Chief, DSCSD, CMHS

CALL TO ORDER AND ROLL CALL

Pamela Foote, the Designated Federal Officer, called the CMHS NAC meeting to order at 10:00 a.m. After conducting roll call and verifying a quorum, the meeting was turned over to Dr. Anita Everett, NAC Chair and Director of CMHS.

WELCOME AND OPENING REMARKS

Dr. Everett welcomed the attendees and apologized for the technical difficulties experienced at the beginning of the meeting. The presentations included Dr. Everett’s overview of CMHS activities; a presentation from the Director, Center for Behavioral Health Statistics and Quality (CBHSQ); and a discussion with the Assistant Secretary, Dr. Elinore McCance-Katz, on SAMHSA’s recent activities, including those related to COVID-19.

Dr. Everett also recognized NAC members Jeffrey Patton, Stacy Rasmus, and Wenli Jen, whose terms were over in June but who agreed to extend their term until November.

CMHS DIRECTOR’S REPORT

Dr. Everett began the Director’s Report by noting that CMHS staff are in week 24 of full-time telework. Staff are doing well working from home. CMHS has 78 staff which is an increase of six persons. Dr. Everett has now been the CMHS Director for two years.

Nearly a dozen CMHS staff members who are part of the United States Public Health Service Commissioned Corps, have been deployed to provide services during the pandemic and in their absence other staff have covered their programs. Dr. Everett shared some comments from one of our officers, Commander (CDR) Dave Barry who was deployed to support the Gallup Indian Medical Center on the Navajo Reservation in New Mexico. Dr Barry reported the Navajo Nation was hit hard by COVID-19, and it was rare to find anyone who has not been somehow touched by the pandemic. Given the risk factors present in many members of the Navajo Nation, the impact of COVID-19 has been severe. CDR Barry was grateful he was in a position to contribute to the recovery of a fantastic community and thanked his staff for enabling him to help out.

Dr. Everett provided a review of CMHS functions and current activities.

Office of Program Analysis and Coordination (OPAC)

The CMHS OPAC has a new director, Michelle Bechard, who has been in the role since June 2020. Ms. Bechard has implemented a consultative approach to OPAC's work, and has offered her leadership to the GPO (Government Project Officer) Best Practices workgroup. This new initiative allows GPOs to share ideas and provides a platform for less experienced project officers to learn from their more seasoned colleagues. This work group is particularly helpful as managing discretionary grants is a core job function for many CMHS staff. For example, in FY 2020, CMHS managed more than 1,600 individual grants, including 410 new FY awards.

CMHS Divisions

Dr. Everett provided an overview of CMHS' three divisions. The Division of State and Community Systems Development (DSCSD); Division of Service and Systems Improvement (DSSI); and Division of Prevention, Traumatic Stress, and Special Programs (DPTSSP).

DSCSD led by Tison Thomas, is home to three formula grant programs, the Mental Health Block Grant, the Projects for Assistance in Transition from Homelessness (PATH) Program, and the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program.

The Mental Health Block Grant is a funding source that supports mental health services to all states, territories and jurisdictions. Funds can be used for direct care, training, support, and organizational expenses. The First Episode Psychosis (FEP) program, which is funded by the block grant set aside dollars, allocates money to states and other grantees to initiate new FEP programs. As a result, the number of FEP programs has increased to almost 300 in the last four years.

PATH Projects of Assistance in Transformation from Homelessness) funds are distributed to states to support programs which expedite access to mental health treatment for people experiencing homelessness and who have mental illness and would benefit from treatment.

The longstanding Protection and Advocacy for Individuals with Mental Illness PAIMI program is an important legal cornerstone for assuring people with mental illnesses have access to services. Recent changes in the language supporting PAIMI explicitly state the funds cannot be used to create objections to things that represent standards in care. PAIMI funds are distributed to states who, in turn designate the office that serves as the PAIMI program lead.

DSSI houses the Child and Adolescent Family Branch (CAFB), the Community Support Program Branch (CSPB), and the Homeless Programs Branch. CAFB has a new Branch Chief, Dr. Melinda Baldwin, who previously served as Dr. Everett's Special Assistant. The CSPB focuses on adult recovery support and treatment services and manages the Certified Community Behavioral Health Expansion (CCBHC-E) program. In FY 2020, 166 new CCBHC-E grants were awarded and this program may see further expansion in FY 2021. Also in CSP Branch is the Assertive Community Treatment (ACT) program. ACT grants are intended to help launch programs that are new to the ACT model. An additional grant program, Assisted Outpatient Treatment (AOT), facilitates the community experience with AOT-assisted patient treatment and/or outpatient civil commitment.

DPTSSP has three branches: the Emergency Mental Health and Traumatic Stress Services Branch (EMHTSSB), the Mental Health Promotion Branch (MHPB), and the Suicide Prevention Branch (SPB). DPTSSP is currently led by Acting Division Director Maryann Robinson, who is also the EMHTSSB Chief and Acting Chief of the MHPB.

The EMHTSSB responds to disasters such as hurricanes and is very involved in the states' response to disaster planning and response related to COVID-19.

The MHPB is responsible for several high priority programs including Project AWARE for State Education Agencies program (AWARE-SEA). AWARE-SEA oversees implementation of school-based mental health services in three local education agencies (school districts) within each state. Almost all of the states have received at least one round of AWARE-SEA funding. Mental Health Awareness Training (MHAT) grants are also housed in MHPB.

The SPB, led by Dr. Richard McKeon, is currently working on the implementation of the 988 emergency telephone line which should be available across the nation in approximately 18 months. The hope is that as 988 develops and matures it will serve a role in crisis services similar to that of 911. The SPB is also managing a new set of grants related to COVID 19 emergency response to suicide prevention.

Discussion

Dr. Shivangi asked if CMHS is considering a national policy regarding post-COVID-19 syndrome. He anticipates an increase in alcoholism, drug use, and suicide. He is on the Mississippi Board of Health, which received \$2 million to deal with post-COVID-19 syndrome and recommends a special desk for post-COVID-19 syndrome to see what can be done to elevate the issue. Dr. Everett responded that SAMHSA is very concerned about the situation and is considering policy. Dr. McCance-Katz will discuss the issue during her presentation.

Dr. Aguilar-Gaxiola commented that, while the current pandemic situation is new to all, it is known there is an increase in suicide rates after disasters. He requested CMHS add NAC members to a distribution list to receive reports, new research, and other helpful information as the members are dealing with COVID-19 among the populations they serve. Dr. Shivangi agreed with Dr. Aguilar-Gaxiola's request. Dr. Everett stated Dr. McKeon would address that subject, as well as a question on what the Lifeline is doing with regard to texting.

Dr. McKeon responded the Coronavirus Aid, Relief, and Economic Security (CARES) Act included \$50 million for suicide prevention related to the COVID-19 pandemic. SAMHSA awarded 50 grants to states, tribes, community organizations, and health care providers which will play a critical role in suicide prevention. He commented on recent research in the Morbidity and Mortality Weekly Report (MMWR) showing significant increases in depression, anxiety, and suicidal ideation in comparison with last year, particularly among youth, people of color, essential workers, and unpaid caretakers.

Dr. McKeon also stated the National Suicide Lifeline recently added a text option. Anyone who texts to 1-800-273-TALK will be connected to a crisis center. Additional support has been provided to the Disaster Distress Helpline because of the pandemic. Other activities of the SPB

include work on a new call to action on suicide by the Office of the Surgeon General calling for improved data surveillance and maximizing the potential of the 988 number.

Regarding texting, Dr. Aguilar-Gaxiola said it is important but social media is also engaged. Surveys have been conducted examining use of social media platforms by race, ethnicity, and age groups. This research can provide insight on which groups to target for increased outreach.

Dr. Everett noted CMHS shares these concerns. Data on suicide are not always current because it takes about a year for the Centers for Disease Control and Prevention (CDC) to collect and release the data. She and her colleague, Dr. Radhakrishnan, are interested in promoting the National Survey on Drug Use and Health (NSDUH) data on individuals who are thinking about and making plans for suicide. This data could be used to target prevention activities.

Ms. Tamplen asked whether there was a process to engage people with lived experience to help inform PAIMI's approach. Mr. Thomas replied there are several avenues in every state where people with lived experience can work with the Protection and Advocacy (P&A) program. More than 60 members of P&A program advisory councils are people with lived experience. Each year, P&A programs ask their stakeholders about priorities, thereby providing an opportunity for input. Ms. Tamplen clarified, she was asking how people with lived experience would be involved in the incentives focused on adding new language, i.e., "Recent changes in the language supporting PAIMI explicitly state that the funds cannot be used to create objections to things that represent standards in care." Mr. Thomas responded SAMHSA meets with stakeholders during site visits and asks them to provide public comment on issues pertaining to P&A programs. People can also give input via email and other means. He invited the CMHS NAC members to provide feedback and read the funding opportunity announcement, when it becomes available.

Dr. Everett then asked the council members what they would like to hear about at the next CMHS NAC meeting in February 2021. It is unknown yet whether the meeting will be in person or virtual.

Dr. Aguilar-Gaxiola remarked again on the importance of receiving up-to-date information from SAMHSA to help deal with mental health issues related to the pandemic. Dr. Everett offered to send a summary of activities as well as the MMWR report. One of the difficulties SAMHSA faces is the dearth of real-time data pertaining to suicide and suicide attempts.

Dr. Shivangi asked if it was possible for CMHS to disseminate a monthly or quarterly report on post-COVID-19 syndrome activities and solutions. Dr. Everett replied that CMHS does not develop this type of report but would consider it.

Dr. Adelsheim noted the San Francisco Bay area has many concerns related to suicide risk and contagion with adolescents and young adults. He requested SAMHSA support on the suicide contagion issue as it relates to the media. It is an important time to remind media partners of appropriate messaging about suicide.

CONSIDERATION OF THE FEBRUARY 20, 2020 MINUTES

Dr. Everett asked for a motion to approve the minutes of the February 20, 2020 CMHS NAC meeting. Dr. Shivangi so moved and Dr. Aguilar-Gaxiola seconded the motion. Dr. Everett called for a vote to accept the minutes; all were in favor.

PUBLIC COMMENT

There were no public comments.

SAMHSA STATISTICS AND DATA DEMONSTRATION

Dr. Everett introduced Dr. Krishnan Radhakrishnan, Director of CBHSQ, who shared about SAMHSA's data collection efforts. He began by focusing on SAMHSA's largest survey - NSDUH. The presentation is timely because the previous year's summary statistics were just released.

CBHSQ is the lead for behavioral health data and dissemination and was codified in December 2016 by the 21st Century Cures Act. CBHSQ conducts national surveys, tracking population-level behavioral health; provides statistical and analytical expertise to other SAMHSA Centers; and supports the Assistant Secretary for Mental Health and Substance Use as well as the HHS Secretary. Some data are collected at the population level, while other data collection is conducted at facilities, emergency departments (EDs), or by using medical records. One program that has recently been restarted is the Drug Abuse Warning Network (DAWN). DAWN is a sentinel-type survey that uses data from ED visits and other sources to see what is occurring with drug abuse and if new drugs are being abused.

Dr. Radhakrishnan turned to the main topic of his presentation, the NSDUH, which annually estimates prevalence, correlations, and trends of substance use and mental problems. The NSDUH collects data at the national, state, and sub-state levels regarding the use of all substance types including legal, illicit, and prescription drugs. Information is also collected on mental health disorders. Approximately 67,500 individuals are interviewed each year.

Data files for NSDUH and other surveys are available to the public through the Substance Abuse and Mental Health Data Archive (SAMHDA). Anyone can log in and look at the data files and analyze them using online tools available at the website. There are two levels of analysis tools: (1) the Public Data Analysis System, which is available to anyone anywhere in the world; and (2) the Restricted Data Analysis System, which requires permission to access. SAMHDA also offers data visualization tools.

Dr. Radhakrishnan demonstrated the website, reviewing the pages with content on latest news, downloading data, analyzing data, and frequently asked questions. The page "Latest News" is a description of what has been uploaded most recently. Clicking on "Data" leads to a page where users can browse data from NSDUH, DAWN, the National Mental Health Services Survey, and other surveys. The "NSDUH" button leads to a page with the available data sets. The Regional Data Centers are available to researchers who need access to additional data with the permission of CBHSQ. In addition to the data, the site offers reports and documents, including maps and figures, which can be viewed as HTML content, or downloaded as PDF files.

Dr. Radhakrishnan shared some representative results from the 2019 survey, including information on the prevalence of mental illness and substance use disorders (SUD). When asked whether they had experienced mental illness or used any substances in the previous year, 20 percent of respondents said they had some mental illness and 25 percent of that group had severe mental illness. Half of respondents reporting a substance use disorder also had a mental health disorder. Among younger adults, results indicated that serious mental illness (SMI) increased significantly from 2008 to 2018. Major depressive episodes also increased among youth and young adults between 2015 and 2018. These data also reveal that many people with mental health disorders and SUD are not receiving needed treatment.

Regarding suicidal thoughts, plans, and attempts among young people between 2008 and 2018, the rate of people having serious thoughts of dying by suicide has almost doubled. Similar results are seen for those persons having made a plan or an attempt. SAMHSA is addressing this serious issue.

Discussion

Dr. Everett asked Dr. Aguilar-Gaxiola to repeat his question about the dissemination of suicide prevention information. He said that the pandemic and other natural disasters (including the wildfires in the western US) are disproportionately impacting the mental health of some populations over others. More effects may be seen as time passes. Dr. Radhakrishnan responded that SAMHSA is investigating this observation and noted that veterans experience much higher suicide rates than the general population. Primary care physicians and emergency doctors should discuss suicidal ideation among their patients. Improving such communication between doctors and patients could help reduce suicide attempts.

Dr. Adelsheim expressed concern about the continuing rise in rates of depression and suicide risk among adolescents and young adults.

Dr. Everett brought up the issue of geographic disparities in rates of mental illness, major depressive episodes, and suicidal thoughts and attempts. SAMHSA is investigating whether specific geographic characteristics can be associated with improvements or worsening of the data findings.

Dr. Raney noted that COVID-19 is changing who is experiencing suicidal thinking and attempting suicide. CDC recently reported that 25 percent of 18- to 24-year-olds have had suicidal thoughts. Unless the COVID-19 data is tracking with the data from 2018 or 2019, SAMHSA should be careful about using this older data as it may be of limited help in the current crisis. Dr. Embry commented that Arizona is clearly seeing these new trends and suggested that SAMHSA speak with Arizona behavioral health leadership about this observation. He also commented on research conducted by the National Institute on Alcohol Abuse and Alcoholism suggesting that vitamin D deficiency among service members was a better predictor of later suicidality than combat exposure. Although NSDUH is very helpful, it is not longitudinal and does not necessarily collect environmental data. There is also research on different types of interventions, genetics, and other factors influencing suicidality. Dr. McKeon agreed that suicidality among young adults is of significant concern; research indicates that SAMHSA

suicide prevention grants do have an impact. The studies also show that the impact is directly related to the years of continued funding.

SAMHSA RESPONSE TO COVID-19: PRESENTATION BY ASSISTANT SECRETARY ELINORE F. McCANCE-KATZ, M.D., Ph.D.

Dr. Everett introduced Dr. Elinore F. McCance-Katz, who delivered a presentation on SAMHSA's response to the COVID-19 pandemic. Dr. McCance-Katz began by thanking members of the CMHS NAC for their service to the agency and the nation.

She stated that it is important to discuss the pandemic, its effects on mental health, and the expected impacts. COVID-19 has brought about changes in how we live our lives. Social distancing and isolation can lead to deprivation around people's psychological or emotional needs. Financial stressors are also abundant. In addition, many Americans have lost their health care, including mental health and SUD services. Adults and children with special needs have been unable to access needed services. For many, there is a substantial risk of developing SUD and people in recovery have a substantial risk of relapse.

Fifty-eight million Americans have mental and/or SUDs; only about 10 percent receive treatment for SUD and only 55 percent receive treatment for mental disorders. Before COVID-19, there were more than 180,000 deaths each year from drug overdoses, alcohol abuse, and suicide. Substance use contributes substantially to the risk for suicide. A survey conducted by the American Psychiatric Association, in March 2020, showed that 48 percent of respondents were quite anxious about becoming infected with COVID-19, 51 percent were quite anxious that their loved ones would become infected, and 40 percent were afraid of becoming very ill or dying if they were infected. These figures are red flags for what COVID-19 and the response of our government are impacting the public.

During the pandemic, SAMHSA has seen a 1,000 percent increase in the use of the Disaster Distress Helpline, a crisis response service that people can call to seek reassurance and assistance. Increases to suicide prevention hotlines and calls related to domestic and child abuse have also occurred. All 50 states are applying for SAMHSA Federal Emergency Management Agency Crisis Counseling Program funds. Dr. McCance-Katz stated that she regularly communicates with state officials, mental health directors, single state authorities, and other officials who report an ongoing lack of services and providers as well as concern for rural areas of the country that lack internet access and inpatient psychiatric services.

CDC has reported that the proportion of ED visits for suicide attempts has increased relative to the overall number of ED visits during the lockdown, which suggests some serious suicide attempts. CDC has also published research on the mental health effects of COVID-19 and the restrictions put in place by government officials. Results of an online survey indicate that 41 percent of people surveyed had mental disorders with nearly 31 percent meeting criteria for anxiety or depressive disorders and 26 percent meeting criteria for trauma-related disorders. More than 13 percent said they were now using substances to cope. The study also found high rates of suicidal thinking that were especially pronounced in young adults.

SAMHSA realized early in the pandemic that the agency would need to respond quickly and so SAMHSA leadership developed a multipoint plan. Elements of the plan included addressing the needs of the general public, people who were at risk for or who already had SMI or SUD, and practitioners and health care organizations. SAMHSA works hard to communicate to the public through several means, including the website, [SAMHSA.gov/coronavirus](https://www.samhsa.gov/coronavirus).

For the general public, SAMHSA released tips for social distancing and quarantine and is working with FEMA to have crisis counseling programs in place in all states requesting such services. SAMHSA has also increased funding to the Disaster Distress Helpline, Suicide Prevention Lifeline, and National Helpline. For people with SMI and SUD, SAMHSA has played a significant role in putting telemedicine in place for behavioral health providers and advocated successfully for Medicare and Medicaid payment for internet- and telephone-based services. SAMHSA has also provided telemedicine training for more than 300,000 practitioners.

However, Dr. McCance-Katz has serious concerns about the survival of significant components of the mental health system. Citing research from the National Council for Behavioral Health, she revealed that 93 percent of National Council members have reduced operations and nearly 62 percent have closed at least one service program. SAMHSA has worked closely with HHS and Health Resources and Services Administration to allocate Provider Relief Funds to behavioral health providers.

Dr. McCance-Katz emphasized that Americans living with SMI and SUD need to be able to receive face to face treatment to fully benefit from evidence-based services and practices. Telehealth, while an important resource, is not a replacement for mental health and substance abuse in person treatment programs. Moving forward, SAMHSA will continue to solicit insights from the NACs and communicate to the greatest extent possible with states and stakeholders. The agency is reviewing the flexibilities put in place during the pandemic to determine what should be kept in place and will be advocating for keeping telehealth services. SAMHSA must focus on funding services to the most seriously mentally ill. Dr. McCance-Katz believes that SAMHSA should be building on the Certified Community Behavioral Health Clinic (CCBHC) model. The CCBHC model should continue and expand technical assistance and training programs to behavioral health providers, clinicians, peers, and families. The US also needs to return to safely providing in-person care. Programs should order and store personal protective equipment for the current and future pandemics.

Discussion

Dr. Shivangi asked whether mental health systems funding could be increased in consideration of the COVID-19 pandemic. Dr. McCance-Katz replied that SAMHSA understands the need for increased funding and has made this need clear to Congress. Members of the public need to make their wishes known as well regarding increased funding.

Dr. Patton commented on the confusion around the various funding sources within HHS when the virus was at its peak. He also expressed appreciation for the CCBHCs and acknowledged the usefulness of telemedicine.

Ms. Tamplen asked for more information about audiovisual resources. The technology divide is a big issue in communities and access to telehealth and telephone resources is important. Dr. McCance-Katz responded that dedicated funding allowing providers and communities to invest in telehealth services is needed. This type of funding is being considered in stimulus bills currently before Congress. She assured the committee that SAMHSA considers this funding need to be a priority.

Dr. Everett thanked Dr. McCance-Katz for her presentation and responses to questions. Dr. McCance-Katz reminded CMHS NAC members to look into the Provider Relief Fund.

CLOSING REMARKS

Dr. Everett thanked the attendees for their participation and requested that members contact Pamela Foote with content ideas for future meetings and any comments about the meeting. . She then asked for any concluding remarks from the NAC members. Dr. Embry said that he was going to comment during the NSDUH presentation about the increases in young people's mental health issues. These increases are well documented, including in reports from the Institute of Medicine. He offered to send an annotated bibliography detailing this research to the committee.

There being no further comments, Dr. Everett adjourned the CMHS National Advisory Council meeting at 12:50 p.m.