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
Virtual Meeting
5600 Fishers Lane
Rockville, MD 20857

March 18, 2021

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 Patton, M.S.W.
Lori Raney, M.D.
Stacy Rasmus, Ph.D.
Sampat Shivangi, M.D., FICS
Khatera Tamplen, B.S.

Council Members Absent
Stacy Rasmus, Ph.D.

Ex Officio Member Present
Tom Coderre, Acting 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
Sonia Chessen, M.A., Chief of Staff for Mental Health and Substance Use
Nima Sheth, M.D., M.P.H., Senior Medical Advisor, CMHS
Lana Pohlmann, Public Health Advisor, CMHS
CAPT Maryann Robinson, Ph.D., Division of Prevention, Traumatic Stress, and Special Programs, CMHS
Tison Thomas, Division Director, Division of State and Community Systems Development, CMHS

CALL TO ORDER AND ROLL CALL

Pamela Foote, the Designated Federal Officer, called the CMHS National Advisory Council (NAC) meeting to order at 1:15 p.m. After conducting the 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 thanked CMHS NAC members on behalf of SAMHSA and CMHS for their attendance and patience with the brief delay starting the WebEx meeting. Dr. Everett described the WebEx chat function and said that she would be monitoring the chat to facilitate a good discussion.

The agenda items include the consideration of the minutes from the August 27, 2020 meeting, a session on the mental health implications of the COVID-19 pandemic, and a presentation from Tom Coderre, the current Acting Assistant Secretary for Mental Health and Substance Use, and Sonia Chessen, Chief of Staff. Both of these leaders have been with SAMHSA for about six weeks.

CMHS DIRECTOR'S REPORT

Dr. Everett began the Director's Report with a discussion of activities under the new administration. The Biden Administration has indicated clear intentions to promote equity throughout government, through an executive order. It is also clear to this Administration that behavioral health is essential to the nation's recovery from the COVID-19 pandemic. Promotion, prevention, early intervention, treatment, and recovery supports are all critical elements of a responsive services continuum. In addition, the administration is aware of the importance of the 988-crisis services line that will be fully implemented by July 2022.

Dr. Everett continued her report with an overview of SAMHSA's organization and activities. SAMHSA is led by the Assistant Secretary for Mental Health and Substance Use and organized into four centers of which CMHS is one. CMHS manages 45 different types of discretionary grants and three main formula grants. CMHS's FY2021 budget was originally $1.8 billion, which has been greatly increased by COVID-19 related funding of about $4.6 billion

CMHS staff have been telecommuting now for more than a year. CMHS uses tools such as Microsoft Teams to collaborate and is implementing internal initiatives directed toward supporting staff work/life balance. One of these initiatives is PANDA, (CMHS Positive Associations and Advancements (PAndA) Group) which focuses on building a positive work environment, with supportive affiliations, and opportunities for advancement.

CMHS has recently made a modest reorganization and now has a division focused on adult services and another for children, youth and families services. (This change involved switching two branches.) This reorganization allows for synergies among several discretionary grants as well as a targeted focus on the distinct needs of children and adults. The third division houses the Mental Health Block Grant (MHBG), Projects for Assistance in Transition from Homelessness (PATH), and the Protection and Advocacy for Individuals with Mental Illness (PAIMI) programs.

Dr. Everett turned to a discussion on specific CMHS programs, the first of which is the 988 initiative. The National Suicide Hotline Designation Act of 2020 requires that all cell phones and landlines in the United States (US) must be able, by July 2022, to reach the National Suicide Prevention Lifeline by dialing 988. Dr. Everett noted that the 988 system will develop and mature similar to the implementation and uptake of the 911 emergency system.

SAMHSA is also working to broaden the scope of mental health crisis services and has created several documents to prepare the field. **Crisis Services: Meeting Needs, Saving Lives** includes a compendium of documents that have been created to serve as guides to best practices in adopting crisis services. (https://www.samhsa.gov/newsroom/press-announcements/202012080500). The MHBG has a new 5 percent set aside that states and territories can use to plan for the implementation of robust person-centered crisis services for those in need. At its core, effective crisis services offer someone to talk with, a place to go, such as a crisis receiving and stabilization center, and regular follow up.

Dr. Everett then talked about the CMHS suicide prevention programs and their new funding to look at suicide prevention across a spectrum, from prevention to early intervention and identification of those at risk to ensuring treatment for those who need such services. We have suicide prevention grants that address these intervention points, such as the GLS Campus grants and Zero Suicide just to highlight two important initiatives. Dr. Everett also highlighted the variation in suicide rates in some states and CMHS is hoping over time to better understand this variation and determine how to implement suicide prevention best practices.

Dr. Everett provided an overview of the CCBHC-Expansion (CCBHC-E) grant program, initially funded in FY 2018 through a $100 million Congressional appropriation. Funding is awarded directly to clinics, which must offer a range of required services including crisis services; treatment planning; screening assessment, diagnosis, and risk management; outpatient mental health and substance use services; targeted case management; community-based mental health

care for veterans; and others. CMHS anticipates expanding this grant program to up to 400 CCBHCs across the country. Preliminary outcomes data indicate progress in everyday functioning, reduced illegal drug use, increasingly stable housing, and reduction in criminal arrests. Between the years of 2018 and 2021, the funding for the CCBHC-E program has grown from $96 million to $488 million.

Dr. Everett then discussed one of the CMHS children and youth focused grants, Advancing Wellness and Resiliency in Education (AWARE). Using the state of Wisconsin as an example, she described the levels of intervention characteristic of an AWARE program. They include interventions designed to address the needs of all children, the needs of children who have existing risk factors, and the needs of children who have been diagnosed with a serious emotional disturbance and require specialty treatment. AWARE grantees are required to either provide treatment on site or connect children with treatment. Currently, AWARE grant recipients, (46 states to date) are state education authorities (SEAs), that work with three local educational entities.

A sampling of AWARE program outcomes include:

- 61,017 youth screened for mental health issues.
- 517,743 school-aged youth referred to mental health or related services.
- 359,831 youth receiving mental health or related services after referral.

Discussion

Dr. Embry asked for more information about the MHBG 5 percent set aside. Dr. Everett explained that, for the current fiscal year, 5 percent has been added to each state's MHBG allocation to plan for enhanced crisis services. Dr. Embry then commented that more research is needed to establish best practices for suicide prevention. He mentioned a paper, written several years ago, using social network analysis to investigate suicide. He also noted that there are multiple other strategies in the 2009 report on suicide prevention and children's mental health that have not been acted on, including the finding that a vitamin D deficiency is predictive of suicide. Dr. Embry added that the research basis for Mental Health First Aid may be limited as he has only found two randomized controlled trials on Mental Health First Aid, both of which were conducted in Australia, and the results were concerning.

Dr. Aguilar-Gaxiola asked about any preliminary plans to implement or operationalize the administration's focus on achieving equity throughout the government. Dr. Everett responded that SAMHSA is actively working on a plan, but it has not yet been finalized and it will include a serious 'deep dive' into opportunities for equity promotion. Dr. Aguilar-Gaxiola asked whether SAMHSA is interfacing with the president's COVID-19 health equity workforce. Dr. Everett said that SAMHSA has representatives and suggested that Dr. Aguilar-Gaxiola may wish to ask our acting Assistant Secretary, Tom Coderre, who will be speaking later this afternoon.

Dr. Raney asked about CCBHC-E funding. She is working with several states that are concerned about program sustainability once the grant funding ends. She asked if CMHS has considered how grantees can sustain program quality. Dr. Everett said that CMHS is also concerned about this matter and reported that some grantees have been awarded multiple rounds of grants. She appreciated Dr. Raney's experience and stated that she may request her input on the types of technical assistance (TA) needed by the CCBHCs.

Mr. Patton added that Michigan was one of the states that received a CMS-funded demonstration grant and used the Prospective Payment System (PPS) option in their demonstration state. Dr. Everett said that this information was helpful and that one of CMHS's strategies is to work with the Center for Medicare and Medicaid Services (CMS) on the status of that first CCBHC program.

Ms. Tamplen commented on the Mental Health First Aid program, noting that there are mixed reviews about it. She also mentioned the importance of engaging consumers and family members in planning 988 services. Dr. Everett said that this was good feedback for CMHS as CMHS develops ideas for further TA and she agrees that consumers must be at the table. Regarding Mental Health First Aid, Dr. Everett replied that her understanding was that it has shown some short-term benefit, but she does not know about its long-term benefit. Dr. Embry added that there were many other evidence-based interventions in the 2009 and more recent Institute of Medicine (IOM) reports showing great potential for other programs, but they have not been put into public policy. He suggested a study group of CMHS NAC members or others to look at these IOM highlighted interventions. Another study group could look at mental illness in children and adolescents and the impact of the COVID-19 pandemic on these children, youth and their families.

CONSIDERATION OF THE AUGUST 27, 2020 MINUTES

Dr. Everett asked for a motion to approve the minutes of the August 27, 2020, CMHS NAC meeting. It was so moved, and Dr. Everett called for a vote to accept the minutes; all were in favor. Dr. Everett then opened the floor for public comment.

PUBLIC COMMENT

There were no public comments.

MENTAL HEALTH IMPLICATIONS ON OUR NATION DUE TO COVID-19

Dr. Everett introduced Dr. Nima Sheth, who joined CMHS, as a Senior Medical Advisor, in August 2020 from Georgetown University. Dr. Sheth has a special interest in trauma and trauma-informed care with a particular focus on international forced migration.

The presentation began with a review of the data, including a study from **Lancet Psychiatry** looking at the bidirectional association between COVID-19 and mental health sequelae. The

article noted that the incidence of any psychiatric disorder, 14 to 90 days after a COVID diagnosis, was about 18 percent overall. Of that, about 6 percent were new onset, first-time diagnosis. The research indicated that COVID-19 patients do appear to be at increased risk of psychiatric sequelae; however, psychiatric diagnoses may or may not be an independent risk factor for COVID-19.

A study from **Morbidity and Mortality Weekly Report (MMWR)** looked at survey data collected during June 24-30, 2020 and compared it with the same period in 2019 for adults older than 18. More than 40 percent of respondents reported at least one adverse mental or behavioral health condition, and what is really important is that 11 percent reported that they had seriously considered suicide in the 30 days prior to completing the survey. The percentage was higher among young adults aged 18 to 24 (25.5 percent), unpaid caregivers (30.7 percent), and essential workers (21.7 percent), as well as among minority racial and ethnic groups. Dr. Sheth emphasized that there are limitations to the study; for example, the questions are broad screening questions for anxiety and depressive symptoms, but they are not necessarily indicative of the need for clinical intervention or diagnostic psychopathology presence.

Dr. Sheth stated that vulnerable populations, including ethnic and racial minority groups, people with disabilities, people who are elderly or medically ill, immigrants and refugees, low income/rural populations, and front-line healthcare workers, are disproportionately impacted by COVID-19. Some researchers have used the term “syndemic” to describe the interaction between the COVID-19 pandemic, structural racism, and mental health inequities leading to multiple, simultaneous pandemics with devastating consequences.

Another **MMWR** study looked at mental health-related emergency department visits among pediatric patients during the COVID-19 pandemic. Beginning about Week 13 of the pandemic, mental health emergency department visits began to increase relative to 2019. A February 2021 **Lancet** study examining health concerns reported fatigue or muscle weakness, then sleep difficulties, and then anxiety or depression six-months post-COVID-19 infection. Dr. Sheth noted that the fatigue and sleep issues likely affect mental health.

Dr. Sheth next reviewed stress injury basics and how they relate to COVID-19. The four types of stress injuries are life threat or traumatic injury, loss or grief injury, inner conflict or moral injury, and wear and tear or fatigue injury. People are experiencing different types of grief related to COVID-19; not only have people lost loved ones and friends, but also relationships, collegiality, and other losses. Moral injury has been seen in healthcare workers and frontline providers. The stress continuum demonstrates how individuals may move in and out of different categories of stress injury and she noted where there are opportunities for early intervention and prevention.

Discussion

Dr. Embry praised the presentation and remarked that the last two IOM reports have detailed data and science to address stress and mental health. However, according to Dr. Embry, none of the report recommendations have been systematically implemented the very foundation of the discriminatory processes that are involved. Dr. Embry said that engaging a study group to create the actual solutions based on the IOM report recommendations would be helpful to the US and its people.

Mr. Patton asked about the types of sleep difficulties experienced by some people post-COVID-19. Dr. Sheth answered that it was a range of sleep issues and sleep disturbances such as periodic awakening and difficulty falling asleep.

Dr. Aguilar-Gaxiola commented that the COVID-19 related death rate of Latinos in California is six times that of whites. He also noted that there has been increasing attention in the media about the importance of loss and grief and their effect on stress. He asked how CMHS will address these issues. Dr. Sheth agreed that there is disproportionate grief and loss in some populations. She said that grief can be over pathologized. She suggested the need for understanding that it must be addressed when it becomes seriously impairing. Dr. Aguilar-Gaxiola responded that there is plenty of data showing that adverse events during childhood are the strongest predictor of early onset mental illness and, independently of that, also premature aging.

Next, Dr. Everett introduced Lana Pohlmann, Public Health Advisor, who gave a presentation on the Crisis Counseling Assistance and Training Program (CCP's) COVID-19 response. The CCP program was authorized under the Stafford Act of 1974. The program is administered through a Federal Emergency Management Agency (FEMA) and CMHS interagency partnership. FEMA provides emergency funding and CMHS serves as the mental health expert and awards and monitors the FEMA Crisis Counseling grants.

Once a Presidential Disaster Declaration has been made, states have 14 days to submit applications for immediate services (for up to 60 days) and can then apply for up to 9 months of longer-term assistance. Formerly, the CCP program primarily responded to man-made and national disasters such as 911 type events, hurricanes, wildfires, floods, and earthquakes. In light of the current pandemic, almost every state has applied for and been granted CCP funding to address the COVID-19 pandemic. CMHS is currently operating grants in 47 states and 3 United State territories, and more than 1.4 million people have received direct services. Funds allocated to the program have surpassed $360 million.

The CCP program provides primary and secondary services. Primary services include in-depth individual and family encounters, community or group sessions, in-person outreach, and hotline phone calls. Secondary services include social media content, materials distribution, and developing and distributing specialized, pandemic-related materials. The implementation of

robust secondary services have helped overcome the challenges of not being able to conduct face-to-face primary services during the pandemic.

The CCP project officers and states are supported by SAMHSA's Disaster Technical Assistance Center (DTAC). DTAC quickly added staff, modified grantee training to be fully online, and added virtual service components to all their resources and materials.

CMHS also supports the Disaster Distress Helpline (DDH), which offers immediate assistance to those experiencing stress related to disasters, including the COVID-19 pandemic. The DDH is available 24/7/365 and is toll-free across all states and territories. Responders are trained in emergency mental health, crisis counseling, and suicide prevention and intervention. Calls to DDH increased between 400 and 600 percent from the beginning to the end of March 2020. Text messages increased from about 100 in February 2020 to more than 2,500 in March and 2,700 in April. In addition, calls to the hotline increased by 300 percent during the 2020 holiday season compared to the 2019 holiday season.

Ms. Pohlmann also discussed risk factors and the most common reactions to the pandemic. Reactions include anxiety and fear, isolation, extreme change in activity levels, sadness, and preoccupation with death and destruction.

CMHS adapted program monitoring strategies during the pandemic. CMHS has implemented quarterly and final reports, financial documentation, and regular check-in calls with grantees and FEMA partners. Site visits are conducted virtually and each one lasts one to two days and includes meeting with grantee leadership, support staff, crisis counselors, and data managers. Now that COVID-19 has impacted the US for more than a year, grantees are reporting a continued need for services, support and information. Extension of the program is under discussion; however, grantees are being encouraged to start preparing to support sustaining their CCP.

Ms. Pohlmann concluded by stating that COVID-19 has proven that mental health authorities across the US are underprepared for disasters.

Discussion

Dr. Shivangi asked if mental health factors will change post the COVID-19 vaccination roll-out. Dr. Everett replied that many people who have had heightened anxieties and depression will experience a lessening of symptoms. Others may tip over into more permanent mental illness requiring treatment.

Dr. Aguilar-Gaxiola commented that the presentation was an excellent overview of an important program. He added that about 550 community health workers in California are going through crisis counseling training and will be a great help in that state. He asked if similar training is happening across the US. Ms. Pohlmann responded that each state has its own individual

timeline and workforce. Some states contract with local mental health authorities and some hire independently. CAPT Maryann Robinson, Ph.D., added that the CCP is individualized and unique to each community and its needs. The majority of service providers for the CCP are community health workers, including peer providers.

Next, Dr. Everett introduced Tison Thomas, Director of the Division of State and Community Systems Development (DSCSD), who discussed the MHBG 5 percent set aside for crisis services. He began by providing an overview of the DSCSD, which manages three formula grant programs; PATH, PAIMI, and the MHBG.

States use their MHGB funds to improve the systems of care for individuals with serious mental illness (SMI) and children with serious emotional disturbance (SED) by supplementing existing treatment programs and services or developing new or innovative programs. For FY2021, the regular appropriation was around $757 million. CMHS then received an additional $1.6 billion and then $1.5 billion through COVID-19 relief appropriations. SAMHSA is currently working on guidance for the most recent appropriation. States have until 2025 to spend these funds.

The earlier COVID-19 Relief statute requires states to use the funds to respond to people with SMI and SED who may have experienced gaps in services during the COVID-19 pandemic. States were asked to identify any gaps in services and to provide services that mitigate the effects of the pandemic on persons in need of such services. SAMHSA is currently planning to issue a two-year discretionary grant program for Community Mental Health Centers (CMHCs) which may wish to apply for these COVID-19 funds.

In terms of the 5 percent set-aside dollars, Mr. Thomas stated that Congress has required that the set-aside should focus on evidence-based crisis programs for individuals with SMI and SED. Specifically, the statute requires states to focus first on coordinating regional and statewide call centers, 24/7 mobile crisis programs, crisis stabilization units, and services for those at risk of suicide. SAMHSA, recognizing that crisis systems are unique from state to state, is asking states to develop a proposal and plan that will transform their crisis system to one that is responsive to every crisis. The crisis system should have three fundamental pillars: 1) someone to talk to, 2) someone to respond, and 3) a place to go. States submitted their initial proposals on March 5.

Discussion

Dr. Shivangi noted that his state of Mississippi received an extra $30 million in COVID-19 related funding. He asked if this was a one-time grant. It may be that the COVID-19 dollars are one-time funding. However, set asides, i.e., for the crisis system funding, are usually distributed year after year, although it is up to Congress. States are also implementing other initiatives, including the 988 rollout and are receiving grants from philanthropic organizations and other entities.

Dr. Adelsheim asked if there had been discussion around ensuring that funds would be distributed across populations or did states and CMHCs have total discretion on how to spend their funds. He remarked that many adolescents and young adults are facing mental health issues, and emergency department visits are increasing. Mr. Thomas replied that CMHS is looking at how states propose to use the funds to leverage services for children and adolescents. If the state did not submit information specifically related to children, CMHS then asks the state about how it proposes to incorporate children into its crisis system.

Dr. Everett then asked the NAC members about their COVID-19 related concerns. Dr. Aguilar-Gaxiola commented on the mental health impact of COVID-19 on children and adolescents, many of whom have faced the loss of parents, along with financial stresses and the overall loss of life and health throughout the country. This issue needs to be brought to the forefront and funding provided.

Dr. Adelsheim concurred with Dr. Aguilar-Gaxiola's comments and remarked that returning to in-person schooling may bring additional stress and anxiety, including continued worries over exposure to COVID-19. He also discussed the health and financial disparities in communities resulting in unequal access to technologies such as telehealth and virtual school. Better access to services is necessary. Ms. Tamplen agreed that the digital divide has been extremely challenging.

Dr. Embry remarked that the pandemic has been the most unusual event since 9/11, and it has had an unprecedented impact on people of all ages. He wondered if study groups should be established that could come up with coherent ideas that would improve the well-being of preschool-aged children.

Mr. Patton discussed the notion of disasters and emotional responses to disasters having different phases. For disasters, they include acute, social cohesion, and aftermath phases. The aftermath is when grief and psychological stress take place. Recovering from the pandemic will be a long-term process for which SAMHSA and the US must be prepared.

Dr. Everett followed up by asking what CMHS NAC members were seeing in their communities. Dr. Jen responded that there has been a rise in violent crime, including violence and harassment directed at Asian Americans and Pacific Islanders in her California community. She has seen the impact of the digital divide on some of her students.

Mr. Patton also remarked on violence and unrest in his community of Kalamazoo, Michigan, including unrest prompted by the different law enforcement responses to the Black Lives Matter demonstrations and a later Proud Boys demonstration. The discrepancy takes a toll on residents.

Dr. Embry commented on the extraordinary level of isolation experienced by tribal communities in Arizona and New Mexico. This isolation has made providing mental health services complex and challenging.

SAMHSA UPDATES

Dr. Everett next introduced Tom Coderre, who is the Acting Assistant Secretary of Mental Health and Substance Use, and Chief of Staff of Mental Health and Substance Abuse, Sonia Chessen. Mr. Coderre provided some information about his professional background. During the Obama Administration, he was a senior advisor to Pam Hyde, then the SAMHSA Administrator and later served as chief of staff to the subsequent acting administrator, Kana Enomoto. He returned to SAMHSA as the regional administrator for New England a year ago and worked with the SAMHSA staff to respond to the crisis of overdose and suicide and the impact of COVID-19 on increases in mental illness and substance use. Mr. Coderre has been in long-term recovery since 2003 and he received recovery support through a SAMHSA discretionary grant program.

Mr. Coderre remarked that government transitions afford an opportunity to reflect on who SAMHSA is as an agency, what it is doing well, and what it could be doing better. SAMHSA has received an increase in funding from Congress to advance its mission—almost a tripling of the block grant amounts. Awarding dollars to states and community-based organizations is SAMHSA's top priority.

SAMHSA will continue interagency work such as the interdepartmental coordinating committees and is reconstituting the Behavioral Health Coordinating Committee to bring together behavioral health work throughout the Department of Health and Human Services (HHS). Mr. Coderre said he is ensuring SAMHSA is well represented externally while focusing on setting the stage internally for the next Assistant Secretary. He has been asked to bring teams together to help solve urgent problems related to COVID-19 and other mental health issues. Mr. Coderre added that SAMHSA will be continuing interagency work such as the ISMICC, which is statutory, and some interdepartmental work by reconstituting the behavioral health coordinating committee to help bring together all the different work that is happening throughout HHS and for SAMHSA to be able to have a voice in that work.

Mr. Coderre then recognized Trina Dutta who joined SAMHSA recently. Trina is a former SAMHSA staffer who worked with SAMHSA for eight years and then went to the District of Columbia's Behavioral Health Department and has been doing some incredible work there. She is coming to work as a Senior Advisor in the Office of the Assistant Secretary. We are really pleased to have her.

Mr. Coderre introduced Sonia Chessen, a real jewel in SAMHSA's crown, as our first political appointee and the new Chief of Staff. Ms. Chessen began her career as a social worker, then worked for several years on interagency initiatives within HHS and across government. After leaving government for the Pew Charitable Trusts and later serving as a management consultant, she was most recently a part of the Biden-Harris transition team.

Ms. Chessen stated that she is excited to come to SAMHSA when, in this moment of extraordinary need, there is also an extraordinary amount of money available. SAMHSA is working to figure out how to match money to the needs and is looking to the CMHS NAC to help SAMHSA think about how best to allocate funds while providing the level of support grantees and communities need. SAMHSA also wants to examine lessons learned over the past year.

In addition, Ms. Chessen is working on interagency relationships to ensure that SAMHSA is a good partner and leader on issues of behavioral health. She would like to partner with the Departments of Education and Justice and others who can help SAMHSA reach the constituencies it serves.

Discussion

Dr. Embry commented that using all of the money is an enormous challenge and asked what the process should be for the CMHS NAC and others to help SAMHSA make certain that the funding is used effectively. Mr. Coderre replied that much of the money is very prescriptive; Congress required that much of the funding flow back to the states who will conduct needs assessments, determine how to spend the money, and then report back to SAMHSA. SAMHSA has enormous TA resources that can help the states and is identifying and working on filling gaps in TA services, including a new TA center for the CCBHCs. Ms. Chessen added that the December money is to be spent over two years and the new funding is to be spent over five years and that SAMHSA is considering how to expand the workforce.

Dr. Adelsheim remarked that he and others have observed struggles within SAMHSA, including low staff morale, attrition, and “siloing”. He asked for Mr. Coderre’s thoughts on improving the workplace. Mr. Coderre acknowledged the issues and the need to rebuild. He and Ms. Chessen have gone on a listening tour around the agency and with external partners. They are also launching a staff engagement workgroup to address staff issues. Ms. Chessen added that these concerns were recognized during the Biden-Harris transition and have been her main priority. One strategy for removing silos has been to decentralize some of the work that had been previously centralized in the Office of the Assistant Secretary.

Mr. Patton asked for some clarification about the requirements for CCBHC-E grantees versus those of the state demonstration sites, particularly around designated collaborating organizations. Mr. Coderre said that Dr. Everett will provide follow up on this question and stated that SAMHSA never anticipated receiving the amount of funding that the CCBHC-E program has received. Dr. Everett will follow up with Mr. Patton on this issue.

Dr. Aguilar-Gaxiola asked for Mr. Coderre’s preliminary thoughts on how to achieve health equity and mental health equity across the nation. Mr. Coderre reiterated that equity is a high priority for the Biden Administration. During President Biden’s first 48 hours in office, he signed several executive orders, one of which was to establish a commission to investigate these

equity issues and make recommendations. In addition, HHS has developed an interagency group on diversity and equity inclusion, which will be led by Dr. Mary Roary, Director of SAMHSA's Office of Behavioral Health Equity. Ms. Chessen added that SAMHSA will be more consistent with its oversight of our grant disparity impact statements. In addition, SAMHSA is interfacing with the National COVID-19 Health Equity Task Force and also with the HHS coordinating council which focuses on these important issues.

Dr. Jen remarked that the socio-economic issues that are pervasive in the community have affected some of her students, who are sometimes left without access to resources while they are struggling with personal grief and loss.

Dr. Adams stated that, as the director of a statewide family organization in Kansas, she finds that parents are exhausted trying to manage all their responsibilities as they are grieving. They need hope and reassurance that help is available to them. She asked if there is a breakdown of how much of the new funds is going to children. Mr. Coderre said that SAMHSA would provide the information and that HHS, and the administration are committed to making sure that people understand what all the new money is about who is eligible to receive it.

CLOSING REMARKS

Dr. Everett thanked the CMHS NAC members for their attendance, candor, and contributions. She said that subcommittees that meet more often than twice a year are possible, if desired. There may be an in-person meeting in August depending on the COVID-19 situation, but it is not clear if it will be possible by then. Dr. Everett also thanked all attendees on the call including SAMHSA staff.

There being no further comments, Ms. Foote adjourned the CMHS National Advisory Council meeting at 4:05 p.m.