Department of Health and Human Services

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Treatment (CSAT)

National Advisory Council (NAC)

August 30, 2022

Open Session Minutes

5600 Fishers Lane

Rockville, Maryland 20857

Certified 11/4/2022
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Center Director CSAT NAC Chair

OPEN SESSION MINUTES

Call Meeting to Order

The Center for Substance Abuse Treatment (CSAT) National Advisory Council (NAC) Designated Federal Officer (DFO), Tracy Goss, called the *87th Meeting of the CSAT National Advisory Council* to order at 12:00 p.m. EDT on August 30, 2022. The DFO thanked the attendees for joining the meeting and conducted a roll call to ensure the quorum was present. After noting that the quorum was met, the DFO indicated that Yngvild K. Olsen, Chair, CSAT NAC, would preside over the meeting. The DFO then confirmed that the meeting was being held virtually for all participants, and she reminded participants of the protocol to follow when speaking. The DFO then turned the meeting over to Dr. Olsen.

Welcome, Opening Remarks

Yngvild K. Olsen, M.D., M.P.H., Chair, CSAT NAC and Director, CSAT, greeted the NAC members and thanked them for their service. She highlighted topics that would be covered during the meeting and mentioned that the previous day marked the beginning of Overdose Awareness Week. Dr. Olsen also acknowledged September as Recovery Month and the following day as Overdose Awareness Day. Dr. Olsen invited Miriam Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, to address the group.

Substance Abuse and Mental Health Services Administration (SAMHSA) Leadership Discussion with CSAT Council Members

Dr. Delphin-Rittmon first requested a moment of silence to honor individuals who lost their lives to overdose. After officially welcoming the NAC members to the meeting, Dr. Delphin-Rittmon commented that SAMHSA is celebrating its 30th anniversary and has activities and plans to commemorate the occasion. She thanked the NAC members for their service and collaboration with SAMHSA. She then reviewed SAMHSA's milestones over the last 12 months, noting that Congress and the Biden-Harris Administration have made a range of resources available to SAMHSA to expand its workforce and program funding through the American Rescue Plan Act (ARPA) and the Bipartisan Safer Communities Act.

Dr. Delphin-Rittmon discussed the *SAMHSA STRONG* initiative and SAMHSA's improved ranking on the Best Places to Work survey list regarding recruitment and retention of SAMHSA employees. Next, she discussed the President’s Unity Agenda, including the National Mental Health Strategy, highlighting how it supports SAMHSA's mental health and substance use related services. Dr. Delphin-Rittmon said SAMHSA would soon fund a National Center of Excellence on Social Media and Mental Wellness ($2 million) and a Center of Excellence for Building Capacity in Nursing Facilities to Care for Residents with Behavioral Health Conditions ($15 million). She also indicated that following the announcement of the Unity Agenda, HHS kicked off a national tour to strengthen mental health. As a part of this effort, she said she and others are visiting local areas to hear recommendations from community leaders, and SAMHSA has increased resources for

its SPF-Rx and MAT PDOA grant programs. She also noted that SAMHSA increased funding for the State Opioid Response (SOR) grant program to help address the overdose crisis being seen across the nation.
Additionally, she noted that SAMHSA released its first-ever Harm Reduction grant in December 2021; SAMHSA made a $3 million investment in the existing Centers for Disease Control and Prevention's Harm Reduction Technical Assistance Center. She also shared that SAMHSA announced its *Recovery Innovation Challenge* earlier in the year, asking programs to demonstrate how they implement SAMHSA's definition of recovery. Next, Dr. Delphin-Rittmon announced the launch of the 988 Suicide and Crisis Lifeline; she noted that the Lifeline saw a 45 percent increase in the volume of calls, texts, and chats that came in during its first-week transition from previous channels. Finally, regarding the FY 2023 budget, Dr. Delphin-Rittmon indicated that SAMHSA is anticipating substantial increases, e.g., an increase of $500 million each for the Substance Use Prevention and Treatment Block Grant and the SOR grant.

Following Dr. Delphin-Rittmon's presentation, Dr. Olsen asked her to respond to a previously submitted comment about the continued increase of overdose rates and the tendency to promote the use of medications over a more comprehensive, "whole person" approach to care. In response, Dr. Delphin-Rittmon said SAMHSA has a range of grant programs that fund wraparound services and supports, which aligns with literature that suggests the use of medication and service systems with robust offerings. She added that many grantees are providing creative programs with comprehensive service systems that allow individuals to receive medications and a broad range of community-based services, e.g., employment support from recovery support specialists to individuals in recovery housing.

Dr. Judith Martin commented that in an era of overdose response, the issue of "what is treatment" is interesting. She emphasized the importance of counseling and not taking a person off their medication just because they don't go to counseling. She also recognized the use of buprenorphine as a "door" into treatment. Dr. Delphin-Rittmon agreed with Dr. Martin's comment, adding, "to the extent that an individual can be on medication when struggling with opioid use disorder, it helps to prevent overdose and creates more opportunity for them to be able to engage and connect with treatment."

Dr. Kenneth Stoller commented on the emergence of overdoses in individuals who have co-occurring methamphetamine and opioid use and the importance of them going to counseling; he stated that he looked forward to SAMHSA's work around contingency management as an evidence-based practice. In response, Dr. Delphin-Rittmon said SAMHSA would have information forthcoming around the issue of contingency management, and she said conversations are happening internally at SAMHSA around "whole health/total person" approaches. On this point, she said the Certified Community Behavioral Health Clinic (CCBHC) model is an example of a model that helps connect people to mental health and substance use related services.

Dr. Martin commented on the importance of lowering thresholds to make all types of treatment accessible. For example, she cited the availability of drop-in substance use counseling at shelters for persons experiencing homelessness. Dr. Delphin-Rittmon agreed with Dr. Martin's comment, recognizing the importance of having multiple entryways into treatment. To close out this session, Dr. Olsen read a comment posted in the chat from Dr. Wesley Geminn about the difference between a person living versus living well. Dr. Geminn shared that the Commissioner in Tennessee

often says, "Counseling and behavioral therapies are valuable to help patients live well, but we are losing the battle to keep them living."

Consideration of the April 27, 2022, Minutes

The DFO entertained a motion to adopt the minutes from the CSAT NAC meeting held on April 27, 2022, noting that they had been certified according to the Federal Advisory Committee Act (FACA) regulations and reflected council members' edits. Dr. Dianne Clarke moved to adopt the minutes. Hearing no response to her call for discussion, the DFO called for a vote. A unanimous vote adopted the minutes as presented.

Member Introductions and Updates

Before inviting members to introduce themselves, Dr. Olsen welcomed the newest NAC member, Dr. Belinda Greenfield. She thanked her and the existing NAC members for serving as members of the CSAT NAC.

The following council members were in attendance: Dianne L. Clarke, Ph.D.; Belinda M. Greenfield, Ph.D.; Wesley L. Geminn, PharmD, BCPP; Judith A. Martin, M.D.; Charisse Evonne Peoples, Ph.D.; and Kenneth Stoller, M.D.

Dr. Dianne Clarke began the member introductions. She serves as the Chief Executive Officer of Operation PAR, Inc., a comprehensive substance use treatment program operating in seven (soon to be nine) counties in Florida. The program serves over 4,600 people daily and includes medication-assisted treatment (MAT) programs (which SAMHSA also refers to as Medications for Opioid Use Disorder (MOUD) when Opioid Use Disorder is the diagnosis being treated), which they have had since 1970. Operation PAR is currently working on a CCBHC application.

Dr. Belinda Greenfield currently serves as the Administrator of licensed mental health and licensed substance use disorder (SUD) clinic in New Jersey. She is an Associate Adjunct Professor with Hunter College, City University of New York, and she was the NY State Opioid Treatment Authority (SOTA) for over 15 years. Her current work focuses on breaking down the barriers associated with using MOUD and helping counselors understand their role in integrating behavioral health and primary care services.

Dr. Wesley Geminn is the Chief Pharmacist and SOTA for the Tennessee Department of Mental Health and Substance Abuse Services Division of Clinical Leadership. He announced that an opioid treatment program (OTP) provider meeting would be held the following day in Nashville to announce state rule changes for OTPs (which include moving away from stigmatizing language, promoting the use of MOUD, and rules for the use of mobile vans).

Dr. Judith Martin is an addiction medicine physician and the Medical Director for Substance Use Services for the Department of Public Health in San Francisco, California. Because of the abundance of overdoses due to the use of fentanyl in San Francisco, Dr. Martin's recent work is focused on addressing this problem.

Dr. Charisse Peoples is a Court Services and Offender Supervision Agency staff psychologist in

Washington, DC. Her current work involves the development of integrated treatment plans for "returning citizens," including psychological evaluations, therapeutic services, referrals to residential treatment, and community linkages for persons on MOUD. She said her agency is also looking for a mobile van to expand its services.

Dr. Kenneth Stoller is an Addiction Psychiatrist in Baltimore, Maryland, on faculty at the Department of Psychiatry at the Johns Hopkins University School of Medicine; he directs the school's Outpatient Addiction Program. He also serves as the Behavioral Health Medical Director for Johns Hopkins' health plan lines of insurance and on the Board of Directors for the American Association for the Treatment of Opioid Dependence (AATOD). Dr. Stoller will chair AATOD's upcoming national conference, *The Power of Collaboration*, at which both Dr. Delphin-Rittmon and Dr. Olsen will speak.

CSAT Updates

Dr. Olsen stated that CSAT leadership would provide a series of presentations to inform the NAC members about significant CSAT updates since the last NAC meeting. She kicked off the session by sharing updates from the CSAT Office of the Director, focusing her remarks on realignment activities within CSAT since a year ago. Dr. Olsen presented information on the name and organizational changes for CSAT divisions, offices, and branches. She said the changes were done to align better and streamline work functions to ensure support for communities in need, noting that SAMHSA's budget has tripled over the years. Notably, Dr. Olsen said the Provider Support Branch (PBS)), under the Division of Pharmacologic Therapies (DPT), houses the team responsible for buprenorphine waivers; and responding to a question from Dr. Martin, she said the 42CFR Part 8 regulations fit under the Regulatory Programs Branch (RPB). Dr. Olsen also shared that the Division of Service Improvement (DSI) now comprises three branches (each with a Branch Chief): the Health Systems Branch (HSB), Quality Improvement and Workforce Development Branch, and Special Populations Branch. She said the majority of CSAT's discretionary programs fall under these three branches; the Office of Program Analysis and Coordination (OPAC) is where CSAT's budget elements sit. Regarding budget, Dr. Olsen yielded the floor to Ms. Chau Pham, Acting Director of the Office of Program Analysis and Coordination (OPAC). The latter discussed FY 2022 CSAT appropriations and grant counts for Discretionary Programs of Regional and National Significance (PRNS), Substance Abuse Prevention and Treatment Block Grant (SABG), and State Opioid Response/Tribal Opioid Response grants.

Topic: Division of Pharmacologic Therapies (DPT)

Patti Juliana, Ph.D., Director, DPT, provided an update on the DPT. She began her presentation by sharing key DPT activities, i.e., OTP certification and support, accreditation bodies oversight and monitoring, data waiver processes and provider support, and grant programs. She said the DPT manages the day-to-day oversight activities necessary to implement certification of OTPs and 42CFR Part 8, including accreditation and certification of more than 1,900 OTPs that collectively treat more than 600,000 patients yearly. She said DPT also collaborates with the Drug Enforcement Administration (DEA) to implement relevant portions of Controlled Substance Act (1970) and its amendments: The Drug Addiction Treatment Act of 2000 (DATA 2000); the Comprehensive and Recovery Act (CARA 2016); and the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of

2018. Together, these expand the clinical context of MOUD by allowing qualified physicians to dispense or prescribe medications for the treatment of opioid addiction in settings other than OTPs and other facilities. Next, Dr. Juliana shared key DPT accomplishments since the last NAC meeting. Among these included the following announcements: there are 1,962 certified OTPs as of August 18, 2022; the Federal Bureau of Prisons (BoP) initiative began at the end of May 2022; telehealth flexibilities have been extended; 42CFR Part 8 is under review; over 16,000 providers have 30E waivers as of July 31, 2022; and the total number of waivered practitioners as of July 31, 2022, was 127,920 (an increase of 6,810 since April 1, 2022). Dr. Juliana next shared a map highlighting SAMHSA-certified OTPs across the country. Wyoming is the only state without an OTP. She also presented cumulative DATA-waivered certified practitioners by waiver limit chart. Before ending her portion of the presentation, Dr. Juliana shared the following key to-do items for the next six months: assist BoP in implementing OTP services (the anticipated date of completion of the BoP certification processes is September 30, 2022); improve the capacity of state criminal justice systems to provide medication for opioid use disorder (MOUD); identify gaps in access to MOUD (OTP and office-based opioid treatments (OBOTs)) across the country. This is underway with the Center for Behavioral Health Statistics and Quality (CBHSQ); identify opioid use disorder (OUD) treatment needs by locale (w/RA and SOTAs); enhance DPT's intra-division monitoring and evaluation functions; and improve consistency of state-based approaches and Federal guidance (a SOTA/CSAT meeting is scheduled for October 31, 2022).

Topic: State Opioid Response (SOR) Program Update

C. Danielle Johnson Byrd, M.P.H, Director, Division of States and Community Systems (DSCS), gave the update on the SOR program. She stated that, based on the SOR grantees' Performance Progress Reports (PPRs) from September 30, 2018, to March 30, 2022, 1,083,615 clients received treatment services for OUD; 920,697 clients received recovery support services; and 379,403 overdose reversals were reported. Between September 30, 2020, and March 30, 2022, she said 69,528 clients received treatment services for SUD, and as of August 19, 2022, 5,189,501 naloxone kits have been distributed. Additionally, she said, from October 2021 to June 2022, the Opioid Response Network (ORN) trained 22,929 individuals on evidence-based practices in the prevention, treatment, and recovery of OUD and SUD. Next, Ms. Byrd discussed SOR program priorities, which included ongoing education and technical assistance for grantees; grantee program analyses; and delivery of the FY 2022 SOR Report to Congress, which is currently under development and forecasted to be published in the winter of 2022/2023. Looking forward, Ms. Byrd indicated that the FY 2022 ORN grant would be awarded by August 30, 2022; the FY 2022 SOR applications will be awarded in September 2022, and plans are underway for an in-depth performance evaluation of the SOR program.

Topic: State Systems Partnership Branch (SSPB)

Spencer Clark, MSW, LMSW, ACSW, Branch Chief, SSPB, Division of States and Community Systems (DSCS), provided the following update on SSPB/DSCS. Mr. Clark began his presentation by highlighting priorities for the Substance Abuse Prevention and Treatment Block Grant (SABG). He noted that the SABG provides essential safety net funding for SABG grantees, promoting evidence-based SUD services designed to educate, prevent, intervene, reduce harm, treat, and provide recovery support services. Among its priorities include strengthening SUD overdose education, training, prevention, harm reduction, follow-up linkage, referral, and

treatment engagement efforts; supporting 988 crisis systems and improving suicide prevention and response; expanding SUD recovery support services; addressing issues of diversity, equity, inclusion, and accessibility (DEIA); and using SABG data to improve services accessibility, quality, effectiveness, and accountability. Mr. Clark indicated that 60 grantees were awarded $1,778,879 in FY 22 SABG funds, serving an unduplicated count of 1,501,647 persons through all public funding. Among the SABG accomplishments, Mr. Clark included the following: supported SUD targeted housing, recovery support services, and SUD infrastructure through COVID-19 and American Rescue Plan (ARP) funding; services adapted to address health/ safety concerns related to COVID-19; extensive adoption of telehealth and mobile services; and revisions approved for SABG in the WebBGAS reporting system. He also noted that CSAT provided no-cost extension requests for the use of COVID-19 funding.
Regarding looking ahead, Mr. Clark said the SABG program would continue focusing on drug and alcohol overdose prevention, intervention, harm reduction, and response activities. It will focus on improving WebBGAS data quality, relevance, and usefulness. He also shared that the FY 23 President's budget proposes a 10% set-aside for recovery support services. He said the new language for the SABG HIV set-aside proposes to use HIV case rates (prevalence rates) instead of current AIDS case rates (classification). Additionally, there will be continued attention to compliance with the SABG maintenance of effort (MOE), Women's Services MOE, and Primary Prevention and HIV set-asides.

Topic: Office of Performance Analysis and Management (OPAM)

Talisha Searcy, MPA, MA, Director, OPAM, updated the group on OPAM. She began by sharing OPAM's role to ensure that CSAT collects, shares, and uses program data to advance its mission. With a focus on compliance, performance measurement and analysis, and evaluation, Ms. Searcy said OPAM's key priority is to establish CSAT's learning agenda, i.e., to identify ways to improve data collection and then leverage those lessons learned to inform program improvement and future work. OPAM's key accomplishments include the survey of SABG grantees regarding program data reporting requirements and challenges (a webinar on preliminary results was held on August 25, 2022); rollout of newly approved data collection tools, including grantee and staff training; release of the SOR/TOR Program Tool (July 2022); and release of the Training and Technical Assistance Program Tool (July 2022). Ms. Searcy said that looking forward, the focus will be on SOR and SABG Reports to Congress (September 2022); the rollout of the CSAT GPRA Client Tool (January 2023); and the development of a strategy to evaluate CSAT priority programs, specifically SOR and SABG.

Topic: Division of Services Improvement (DSI) Update

Darrick Cunningham, LCSW, BCD, Director, DSI, provided the final CSAT update. For his presentation, he highlighted the diversity of CSAT grant programs housed in DSI and discussed DSI initiatives and accomplishments. Notably, he said the TCE-Special Projects program, launched in 2019, enables communities to identify a specific need or population it wishes to address through the provision of evidence-based substance use disorder treatment and/or recovery support services. He said the program received nearly 400 applications, with 23 projects awarded. In the area of workforce support, Mr. Cunningham said eight awards were made in FY 2020 and three additional during FY 2021. These 5-year grants (for $500,000) are for implementing evidence-based programs to support individuals in substance use disorder treatment and recovery to live

independently and participate in the workforce. As part of his presentation, Mr. Cunningham shared national outcome measures, mental health outcomes, risky behavior outcomes, and drug use outcomes of CSAT programs. He also discussed numerous DSI service improvements/enhancements in support of reducing the impact of substance use and mental illness on America's communities, e.g., emerging/innovative practice referrals to the Policy Lab, the establishment of learning communities, increased engagement with grantees (related to continuous quality improvement, improving grantee performance, and data and reporting). This also included hosting the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Summit held on August 15-17, 2022, in Vermont. In terms of looking ahead, Mr. Cunningham said this year SAMHSA had 185 congressionally-directed funding grants, and 55 programs are being managed within DSI; the Rural Opioid Initiative project (headed by the National Institute on Drug Abuse), which targets injection drug users in rural communities, has been extended for a year. DSI has drafted a report to Congress on treatment workforce support—this initiative promotes independent living for individuals in recovery and provides them with meaningful employment.

Council Discussion

Following the CSAT updates, Dr. Olsen opened the floor for the NAC members to engage in discussion.

Dr. Stoller asked if SAMHSA is considering making some or all the data highlighted in the presentations available to researchers to use for scholarly evaluation of their various interventions and/or groups' needs. Ms. Searcy said SAMHSA's Performance Accountability and Reporting System (SPARS) data are not available for researchers to access. Notwithstanding, she said she would like to see public use files made available, and that task is on her list of things to do. She added that the CBHSQ has several available public use files. Dr. Olsen also commented that SAMHSA is engaged in listening sessions around data strategy, and the issue of public use files has come up. Mr. Cunningham commented that he is a SAMHSA's GPRA Data Dissemination Workgroup member. A significant part of the group's charter is to engage the public and share data, so this issue is a top priority for SAMHSA.

Dr. Martin asked Mr. Cunningham if the reference he made to "self-reporting" during his presentation referred to patient self-reporting. In response, Mr. Cunningham confirmed that it did, saying, "the patient continually adds self-reports and journaling information into the application in between appointments, and the data is shared with the peer support specialist and physician to apprise them of risks." He also noted that the FDA had approved the RestO application. He indicated he would share the SAMHSA's Policy Lab website for more information on emerging and innovative practices.

Dr. Martin commented that in California, Medicaid is carrying out payment reform and thinking about what things to incentivize for providers. She asked Ms. Searcy if they were doing that kind of application on what they found. In response, Ms. Searcy said in a recent survey that they discovered that most states struggle with Medicaid data, noting that SABG asks states to report on Medicaid funds they use to provide services that align with SABG areas for the individuals served. She said she ponders how they can provide a suite of services to look at state variations in their Medicaid policies, so they can identify some commonalities to potentially leverage Medicaid data to understand the extent to which certain services are being provided versus asking the grantees

directly. She said she could envision there being value in having a study to look at core services that they want to push to ensure they are reimbursed at reasonable rates; she said getting the Policy Lab to take this on is on her list.

Dr. Martin asked Mr. Clark if there would be a set-aside for recovery support as part of SABG. She noted that California has a Medicaid recovery support benefit, but it happens after the person becomes abstinent and finishes treatment. Arguing that recovery can start anytime, she asked how recovery would be defined to use this money. Mr. Clark said the intent of the Congressional language regarding non-clinical recovery support, which he suspected will be in the SAMHSA policy, is to reach out to community-based organizations working with persons who may never have engaged in treatment or have not completed treatment. He said, “We are looking at the broadest definition possible for this, and there is a real premium on looking to persons who have lived experience, who are running recovery support organizations in the community, to help us make these decisions about how we use these funds in some ways that are not about treatment." He acknowledged that the issue of payment was a valid one. Dr. Olsen said that assuming the recovery set-aside gets through Congress SAMHSA is focused on being inclusive. The recovery definition does not say anything about abstinence and acknowledges that recovery can happen at different points. She said participants supported this sentiment at the Recovery Summit held a couple of weeks prior. Dr. Olsen suggested they continue the discussion on what recovery support encompasses and how it looks across the continuum of services by adding the topic to the NAC’s next agenda.

Dr. Geminn echoed Dr. Stoller’s earlier comment about the value of making SAMHSA data publicly available; he asked if SAMHSA or the National Institute of Mental Health (NIMH) was considering making its funded research publicly available and if other agencies would be doing this, as the National Institutes of Health (NIH) has moved in this direction. In response, Ms. Searcy said, "the short answer is yes." She said the Evidence Act and Open Data Act require all Federal agencies to strive toward building evidence, evaluating programs, and making data more publicly available. She noted numerous workgroups across HHS are looking into how to do this. Dr. Geminn also made an argument for allowing pharmacists to be DATA waivered. In response, Dr. Olsen shared that SAMHSA recently held a 2-day Buprenorphine Pharmacy Access Summit because of some of the concerns it heard increasingly across the country regarding prescribers and patients having difficulty accessing buprenorphine in pharmacies. She said a summary from that summit is forthcoming. Dr. Geminn requested to receive a copy of the summary Dr. Olsen referenced. Dr. Olsen agreed to connect him with the team leading this effort.

Dr. Greenfield commented that Dr. Juliana’s presentation on the accomplishments of DPT made her think that it's an exciting time because there is so much innovation potential, particularly in terms of CSAT's work in strengthening the coordination with SOTAs. She pondered the Federal interface with the Single State Agencies (SSAs) around the work of the SOTA/the SOTA role, noting that in the past, the SOTAs were unable to effectively make changes and access innovations because of their state agencies not understanding their role/function. In response, Dr. Olsen said the National Association of State Alcohol and Drug Abuse Directors (NASADAD) is a key partner, and SAMHSA meets regularly with NASADAD and the SOTAs through DPT; she said Dr. Greenfield was highlighting the need to integrate and coordinate between SOTAs, SSAs, and NASADAD and CSAT.

Topic: Office of Recovery

Dona M. Dmitrovic, MHS, Senior Advisor for Recovery, Office of the Assistant Secretary for Mental Health and Substance Use (OAS), presented on the SAMHSA's Office of Recovery. Dr. Olsen introduced her, noting that Ms. Dmitrovic is an experienced executive addiction and recovery specialist with over 34 years of experience in the substance use field. Ms. Dmitrovic began her presentation by providing an overview of recovery at SAMHSA through the years, from the 1970s to the present. She highlighted grants, initiatives, programs, and recovery-related milestones at SAMHSA. Notably, in 2020, SAMHSA had its first person in recovery serve as Acting Assistant Secretary of OAS, and SAMHSA announced the Office of Recovery in September 2021. Ms. Dmitrovic recognized the Biden Administration's support of recovery, as evidenced by increased and set-aside funding in the proposed FY 2023 budget and its raising of the recovery profile across the government. Ms. Dmitrovic continued to share SAMHSA's working definition of recovery and the four dimensions it identified as supporting a life in recovery, i.e., health, home, purpose, and community. She also recognized that SAMHSA had come a long way in terms of being open to the fact that persons taking MOUD are in recovery. After sharing the Office of Recovery's objectives, all aimed at adding value to recovery efforts across all sectors, Ms. Dmitrovic recapped the focus and themes of the *Recovery Summit 2022: A National Gathering*, which was held earlier in the month. The event had 100 in-person and 80 virtual attendees that shared their thoughts on where SAMHSA's recovery agenda should go. As part of her presentation, Ms. Dmitrovic also shared information on the Office of Recovery's proposed staffing, its work with the Peer Recovery Center of Excellence, and its Recovery Innovation Challenge. The latter will provide a total of $400,000 to organizations that have unique and innovative ways of operationalizing the recovery definition within the work they do in their community or within their state. In closing, Ms. Dmitrovic said it's an exciting time for SAMHSA and the recovery field.

Council Discussion

Dr. Martin thanked Ms. Dmitrovic for her thoughtful presentation. She commented that she enjoys working in addiction medicine because half of the treatment plan is "home, purpose, and community." Hence, she agreed with the idea of "no wrong door" for recovery services. She said the presentation reminded her of the primary care concept of the "activated patient" in chronic illness, i.e., someone that was self-sufficient/actively involved in their care. She said that concept might be the "future" of recovery. She asked Ms. Dmitrovic if there are ways to "measure" recovery. In response, Ms. Dmitrovic said she has been speaking with people around the country about how they measure recovery. She said it is unique and different for everyone. She agreed that people should be involved in their own recovery process, and she said they would find ways that are less intrusive, less stigmatizing, and more trauma-informed. She also emphasized the importance of evaluation and research, saying it validates the work being done.

Dr. Clarke reflected on when she started in the field in 1980 and expressed concern about how the field has been mandated to "professionalize" over the years. She also expressed concern about "peers" getting "locked in" and unable to advance, as well as certain "peer support" classifications requiring an individual to disclose their illness to get a job. In response, Ms. Dmitrovic indicated that she too struggles with this topic; she added that the Office of Recovery has been overseeing the National Peer Certification and has decided, with the leadership of the Center for Mental Health

Services (CMHS) and CSAT, to look at the landscape across the country to see what makes sense in terms of peer certification. Dr. Olsen suggested that, like recovery, there are many paths to peers and many paths for peers.

Dr. Peoples raised the issue of how recovery interfaces with the criminal justice system, especially noting that the definition of recovery does not include abstinence. She said the population she works with, who are on supervised release or parole, must abstain to show they are being "in compliance." She said those on MOUDs might not be penalized, but all others would. She inquired about SAMHSA's plan for working with the BoP to ensure harm reduction and SAMHSA's definition of recovery is accepted. She also indicated that in her work, they have what are called "credible messengers," who have come through the criminal justice system, are employed by the organization, and interface with program residents to mentor them. Ms. Dmitrovic acknowledged that SAMHSA does need to work closely with the criminal justice system, and she said CSAT has been doing some of that work. She commented that SAMHSA's definition of recovery, she thinks, is broad enough to mean abstinence or not, and she said the more education they can provide, the better they will be across the board. In response, Dr. Olsen commented that she senses that there is a genuine interest from the criminal justice side, e.g., Drug Enforcement Administration (DEA) and Department of Justice (DOJ), to engage in these conversations, as they realize that arresting people and locking people up will not address the person's health conditions—which these are. Dr. Peoples emphasized the importance of such conversations, sharing an example that she has seen the courts mandate people to her program and probation officers stipulate treatment as a "special condition" without the understanding that a person must be willing and ready to go to treatment. She added that a "violation" for not completing treatment only results in the person being further involved in the criminal justice system. Dr. Olsen said that now, unlike in previous times, they have opportunities to do more profound dive into education and have conversations around topics like "what are SUDs" and "what is addiction" because people want to talk about what makes sense.

Dr. Martin commented on the importance of having a recovery-supporting community for a person to reside. She said, "If primary prevention really works, at the environmental level, that is the kind of community a person wants to recover in, so they come together in the end."

Topic: Behavioral Health Workforce

Anne M. Herron, Director, Office of Intergovernmental and Public Affairs (OIPA), presented SAMHSA's behavioral health workforce. Dr. Olsen introduced her, noting that Ms. Herron has served for over 18 years in various SAMHSA positions. Dr. Olsen also noted that OIPA is a multi-faceted component of SAMHSA that helps establish and maintain collaborative relationships with Federal, State, Tribal, and community health providers to disseminate SAMHSA resources and inform the development of SAMHSA policy and programs. She said the Office engages in liaison work in various areas, including disaster and emergency management, veterans and military families, financing and regulatory affairs, and management of SAMHSA's NAC, among others. Dr. Olsen further indicated that OIPA is responsible for leadership of the Office of Tribal Affairs and Policy, the Office of Behavioral Health Equity, and International Global Health and Territorial Affairs, as well as the overall direction and management of SAMHSA's 10 Regional Offices.

Ms. Herron assured the group that shortages in the behavioral health workforce were nothing new. Before the pandemic, prediction models projected a shortage of behavioral health care providers

(especially psychiatrists and addiction counselors) through 2030. She said the COVID-19 pandemic facilitated provider burnout. At the same time, prediction models projected higher demand for behavioral health services due to the increased prevalence of depressive and anxiety disorders related to the same. To this end, Ms. Herron discussed SAMHSA's activities related to the workforce and trends that will likely impact how the agency does business. She noted that the Department of Health and Human Services Health Workforce Strategic Plan includes four goals: 1) Expanding the Health Workforce to Meet Evolving Community Needs; 2) Improving the Distribution of the Health Workforce to Reduce Shortages; 3) Enhancing Health Care Quality through Professional Development, Collaboration, and Evidence-Informed Practice; and 4) Developing and Applying Data and Evidence to Strengthen the Health Workforce. She shared SAMHSA activities relevant to each goal—from supporting recruitment/training/retention activities, grants, and fellowship opportunities, to material/resource development, to supporting training and technical assistance (T/TA) centers, to using data/research/evaluations to leverage resource allocations. In terms of moving forward, Ms. Herron said SAMHSA is watching the following trends in the field to see how they might impact its grant and technical assistance activities: increased integration of behavioral health and primary care; increased demand from customers for "convenient" access; increased development of digital therapeutics/mobile apps; an increase of interstate compacts (allowing licensed professionals to practice across state lines without obtaining multiple licenses); and state-level bonuses for health care workers. Admitting it was an area of personal interest, Ms. Herron elaborated on the use, benefits, costs, accessibility, service types, pros, and cons of mobile behavioral health apps, including those regulated by the FDA versus not. On this topic, she also discussed issues related to data security and confidentiality of patient records, saying SAMHSA is considering issuing an advisory on digital therapeutics via its Evidence-Based Practices Resource Center (EBPRC). Ms. Herron welcomed the NAC's feedback on what SAMHSA should be doing to address the behavioral health workforce shortage.

Dr. Stoller commented that more and more of the workforce wants to work wholly or partly by telehealth. He raised concerns related to equity, the digital divide, and the need to provide in-person staff for patients who cannot engage in telehealth for whatever reason. He also plugged the use of SAMHSA regional administrators, sharing how valuable he found his regional administrator to be. In response, Ms. Herron acknowledged that SAMHSA had been challenged with issues concerning equity and digital access, especially government rules about funding and how grantees can use grant dollars. She recognized that they need to be able to respond quickly to clients' needs.

Dr. Martin commented on challenges with licensure and advocated for a smooth pathway for dedicated counselors working in the field to become licensed. Ms. Herron commented on the challenge of certified or credentialed addiction counselors having various titles across states and SAMHSA trying to advocate for Medicaid and/or insurance reimbursement with many different titles. She added that the push for "licensure" would provide a "standard" for the title, job expectation, and, to a certain degree, education and scope of practice.

Council Discussion

Dr. Olsen opened the floor for council discussion and questions.

Dr. Stoller expressed his appreciation to CSAT for what he considered its thoughtful revisions to OTP regulations. He expressed concern regarding what he said seems to be a strong, almost

emotional push to grant wide and free ability of physicians to prescribe methadone to pharmacies for opioid use disorder—and thereby, in a way, reduce the relevancy of opioid OTPs. He argued that there are many other ways to increase methadone access and make it more patient-centric. Dr. Clarke agreed with Dr. Stoller's comments, saying they have the same concerns in Florida.

Dr. Geminn asked if SAMHSA would consider sharing information with the SOTAs and the NAC regarding upcoming changes to its rules/rulemaking decisions related to 42CFR Part 8. He argued that they could assist in giving state-level and provider input in the early planning stages. Dr. Olsen indicated that SAMHSA's position balances access and safety in response. She assured the group that there would be a time in the regulatory process for them and others to respond to the details that SAMHSA is considering.

Dr. Clarke said Operation Par is involved in CTN112, which looks at different pods of admissions and discharges (six months before Covid and admissions during COVID) under the different regulations. She said the data would hopefully provide information on retention, saying they have seen increased retention with the relaxed regulations. In response, Dr. Olsen said that information would interest many people. She added that the Administration and SAMHSA have clearly learned a lot because of some flexibility afforded because of COVID, which is why they are looking at how some of the flexibilities can continue. Dr. Juliana said DPT has been doing a "deep dive" and listening and analyzing the feedback that has been received.

Dr. Martin advocated for the ability of very stable people on methadone maintenance to "graduate" to the community, e.g., get medication through a local pharmacy. She said some of her patients say the most dangerous thing they do is to come in once a month to pick up their methadone from the clinic. In response, Dr. Stoller referenced a study that supported Dr. Martin's point. Dr. Greenfield also noted that New York had utilized similar medical maintenance models. She also emphasized the importance of considering workforce development implications related to OTP services in emergency and disaster management.

Dr. Olsen shared potential agenda items for the next NAC meeting that she derived from the day's conversations: language and terminology, equity, IT and data collection, and emergency disaster preparedness.

Public Comment

The DFO notified the NAC that public members had not submitted written comments. She proceeded to ask for any real-time comments/questions from the public; there were none.

Dr. Olsen thanked members of the NAC, CSAT staff, and the presenters for taking the time to attend the NAC meeting and share their feedback to assist SAMHSA in improving the lives of the nation. She highlighted elements from their discussions, including researcher access, data, and the intersection of criminal justice and recovery. She said they would continue those conversations in hopes of improving and saving people's lives.

Adjourn Open Meeting

Dr. Olsen asked for a motion to adjourn. Dr. Stoller motioned to adjourn; Dr. Martin seconded his

motion. With all NAC members in favor of the motion, Dr. Olsen adjourned the meeting at 3:51 p.m. EDT.