

Joint Meeting of the
Substance Abuse and Mental Health Services Administration (SAMHSA) National
Advisory Council (NAC), Center for Mental Health Services (CMHS) NAC, Center for
Substance Abuse Prevention (CSAP) NAC, Center for Substance Abuse
Treatment (CSAT) NAC, SAMHSA Advisory Committee for Women's Services
(ACWS), and SAMHSA Tribal Technical Advisory Committee (TTAC)
August 11, 2017
SAMHSA Headquarters

SAMHSA Advisory Committee Members

Present:

SAMHSA (by telephone): Henry Chung, M.D.; Gail Stuart, Ph.D.

CMHS: Paul Gionfriddo; Jeremiah Simmons, M.P.H.

CSAP: M. Dolores Cimini, Ph.D.; Pamela Drake; Scott Gagnon, M.P.P.; Valerie Mariano, M.A.; Kathleen Reynolds, LMSW

CSAT: Andre Johnson, M.A.; Lawrence Medina, M.B.A.; Indira Paharia, Psy.D.; Arthur Schut, M.A.; Lori Simon, M.D.

ACSW: Anita Fineday, J.D.; Sparky Harland, M.A. (by telephone); Dan Lustig, Psy.D.; Brenda Smith, J.D.

TTAC (by telephone): Joseph A. Garcia; Nickolaus D. Lewis; Juana Majel-Dixon; Victoria Kitcheyan

SAMHSA Leadership;

Brian Altman, J.D., Director, Division of Policy Innovation, Office of Policy, Planning and Innovation (OPPI)

Deepa Avula, Acting Director, Office of Financial Resources

Mirtha Beadle, M.P.A., Acting Director, OPPI

CDR Carlos Castillo, Committee Management Officer

Priscilla Clark, Ph.D., Deputy Director, CMHS

Paolo del Vecchio, M.S.W., Director, CMHS

Kana Enomoto, M.A., Acting Deputy Assistant Secretary for Mental Health and Substance Use

Michael E. Etzinger, M.B.A., Director, Office of Management, Technology and Operations

Anita Everett, M.D., Chief Medical Officer
Mary Fleming, M.A., Chief Administrator, OPPI

Anne Herron, M.S., Director, Division of Regional and National Policy Liaison, OPPI
Marla Hendriksson, M.P.M., Director, Office of Communications

Daryl Kade, M.A., Director, Center for Behavioral Health Statistics and Quality
Art Kleinschmidt, Ph.D., Senior Advisor
Elizabeth Lopez, Ph.D., Deputy Director, CSAT

Anne Mathews-Younes, Ed.D., Director, Division of Prevention, Traumatic Stress, and Special Programs, CMHS

Charles Reynolds, Director, Division of Community Programs, CSAP

Other Participant: Deborah Parker, Tulalip Tribes

Call to Order

CDR Carlos Castillo, Committee Management Officer, called the meeting to order at 1:05 p.m.

Welcome, Introductions, Opening Remarks

Kana Enomoto, Acting Deputy Assistant Secretary for Mental Health and Substance Use, thanked SAMHSA advisors and the leadership team for their service. She explained that the TTAC representatives and NAC representatives were joining the meeting by telephone because their respective councils were not meeting at SAMHSA headquarters concurrent with the joint meeting. Ms. Enomoto introduced Dr. Art Kleinschmidt, a new senior advisor on substance abuse who is a Presidential appointee. She also noted that the newly confirmed Assistant Secretary for Mental Health and Substance Use, Dr. Elinore McCance-Katz, was expected to be on site soon. SAMHSA leaders and council representatives introduced themselves.

Ms. Enomoto previewed the afternoon's presentation on resiliency and spirituality in mental health and substance use, noting it was the most important topic that emerged from the previous meeting. She noted that while the SAMHSA team has been through a period of transition without leadership, and remains in the midst of a hiring freeze, the team has worked together well and continued to provide outstanding products and services to the field, accomplishing their goals on time and within budget.

SAMHSA leaders each briefly discussed progress on key initiatives within their respective areas of responsibility, including advancements in addressing the opioid crisis, suicide prevention, the National Tribal Behavioral Health Agenda, Recovery Month, integrated care, and strengthened internal processes.

Ms. Enomoto congratulated the executive leadership team, and shared early data from the Federal Employee Viewpoint Survey, which found that SAMHSA achieved increases on every index between 2016 and 2017, with double digit increases recorded between 2015 and 2017.

Spirituality and Resiliency Panel

Dr. Anne Mathews-Younes, Director of the Division of Prevention, Traumatic Stress, and Special Programs at CMHS, facilitated a panel of presentations by members of the CMHS, CSAP, and CSAT NACs, as well as the TTAC and ACWS. Dr. Mathews-Younes reviewed SAMHSA's involvement in faith-based efforts that emerged in response to national tragedies such as 9/11 and Hurricane Katrina, and its incorporation of resiliency and spirituality into a variety of initiatives and publications. She asked panelists to share their experiences and recommendations on how SAMHSA can build on this foundation.

Mr. Paul Gionfriddo, CMHS NAC, focused on engagement with a community of faith as a means of recovery. He cited Project Open Table as an example of this approach because it encourages faith-based congregations to reach out to the community to help others. Mr. Gionfriddo recommended that SAMHSA recognize that such faith-informed programs help put people on the pathway to recovery by facilitating self-awareness and self-discovery.

Dr. Dolores Cimini, CSAP NAC, described her work preventing substance use with college students, noting that an important mission of colleges and universities is to support students' resilience using a strength-based approach centered within the college community. Dr. Cimini cited psychologist Martin Seligman's PERMA (Positive emotions; Engagement; Relationships; Meaning; and Achievement) model for community building as the essence of prevention. She recommended that SAMHSA identify

what everyone can do to prevent problems before they occur and to support communities in their growth.

Mr. Andre Johnson, CSAT NAC, shared a video of a client at the Detroit Recovery Project drop-in center, who discussed her experience there gaining hope and resiliency to support her recovery in response to the love and inspiration she received from others at the center. Noting that resiliency is an inner strength, Mr. Johnson recommended the creation of treatment programs that emphasize friendly environments and training staff about hope and love in order to empower people to empower themselves.

Ms. Anita Fineday, ACWS, also a member of the White Earth Tribal Nation, emphasized the importance of cultural traditions as a protective factor to strengthen resiliency. In American Indian and Alaska Native (AI/AN) communities, ceremonies, dance, and song are important cultural traditions. Some tribal courts have spiritual leaders in the courtroom to support individuals who may be dealing with mental illness, substance use, or trauma. Although this may not be possible in secular courts, trauma-informed care is a growing trend, i.e., courts have trauma audits to ensure they are not re-traumatizing people. She recommended that SAMHSA highlight the connection between cultural traditions and resiliency, spreading the AI/AN philosophy to the non-Indian world.

Mr. Joseph Garcia, Head Councilman, Ohkay Owingeh Pueblo, co-chair, TTAC, explained that resilience is not possible without spirituality. Spirituality needs to be nurtured daily via self-awareness and recognizing the connections among all people. He recommended that SAMHSA consider the short- and long-term incorporation of spirituality into all of its work. Juana Majel-Dixon, Legislative Council, Pauma Band of Mission Indians, TTAC, agreed that spirituality is present all day every day and is linked to kinship among all people. When people are unaware of this linkage, they become disconnected and are unable to heal themselves. Indian children today are invisible to the world outside Indian country, leading to disconnection and its consequences: high rates of suicide and substance use, and the inability of the community to heal them.

Dr. Matthews-Younes thanked the panel members and commented that faith itself is not the “secret sauce,” but that love of self and others is. She concluded the session by showing a video developed by the National Action Alliance for Suicide Prevention for the National Day of Hope, Prayer, and Life and Suicide Prevention Day (September 10) that encourages people of all faiths to pray for those whose lives have been touched by suicide.

Council Report Outs and Discussions

Ms. Anne Herron, Director, Division of Regional and National Policy Liaison, facilitated report outs from each advisory group on their discussions. Council reports addressed discussions about the use of new databases to collect data on substance use disorder; updates on priority needs and programs to address the opioid crisis that are supported by the 21st Century Cures Act (Cures); naloxone trainings; initiatives for addressing serious mental illnesses and co-occurring disorders; faith-based approaches; collaborations with other federal agencies, including the National Institute of Mental Health; impact of housing issues on women’s recovery; the invisibility of AI/AN women and communities, and its impact; the National Tribal Behavioral Health Agenda; workforce development, recruitment, and training; developing common definitions (e.g., prevention) to facilitate interprofessional collaboration; and a presentation about fentanyl by the Drug Enforcement Administration (DEA).

Ms. Enomoto synthesized the diverse reports into common themes, including the translation of science to practice; strengthening the workforce through the creative deployment of limited resources; and responding to President Donald Trump’s and HHS Secretary Tom Price’s opioid priorities by creating more opportunities for SAMHSA to be helpful to communities in combatting the epidemic. She also noted that spirituality, resilience, and the needs of special populations intersect, and that there may be a challenge implementing evidence-based programs without losing the nuances of individuality, culture, and spirituality. She anticipates more conversation about these topics as SAMHSA continues its work.

Public Comment

Dr. Henry Chung, NAC, inquired if the issue of value-based or other alternative payment models came up during the advisory discussions. Dr. Anita Everett responded that SAMHSA is trying to understand how to make the case to support alternative financing models for behavioral health, but that SAMHSA does not fund treatment programs directly. Dr. Indira Paharia, CSAT NAC, commented that alternative payment models do not work well for behavioral health for children; Dr. Everett noted that SAMHSA is exploring pediatric integrated care, but as yet has no definitive answers.

Dr. Kleinschmidt asked Ms. Valerie Mariano, CSAP NAC, if that council had plans to work on fentanyl and other drugs that are sold on the Internet, e.g., working with the U.S. Postal Service. Ms. Mariano responded that the DEA had given a presentation on the topic, but that there were no immediate next steps. Ms. Enomoto shared that she had heard from DEA Acting Administrator Chuck Rosenberg about a recent bust that agency carried out on the dark web, where the sale of such products is exponentially larger than on the public Internet.

Closing Remarks

Mr. Gionfriddo commented that the improvement in staff morale between 2015 and 2017 was a great testament to SAMHSA’s leaders. He also acknowledged that public comment about SAMHSA from the press and advocates that it has improved, thanking Ms. Enomoto for her leadership in this turnaround. Ms. Enomoto expressed her appreciation for SAMHSA leaders who pulled together and to mental health and substance use advocates who helped get the Cures Act and the Comprehensive Addiction and Recovery Act passed by Congress.

Meeting Adjournment

CDR Castillo adjourned the meeting at 3:21 p.m.

Certification

OCT 16 2017
Date

/signed/

Kana Enomoto
Acting Deputy Assistant Secretary for Mental
Health and Substance Use