

62nd Meeting of the
Substance Abuse and Mental Health Services Administration (SAM HSA)
National Advisory Council (NAC)
Health Care for the Homeless
Baltimore, MD
August 17, 2017
Meeting Summary

NAC Members:

Eric B. Broderick, D.D.S.
Henry Chung, M.D. (on telephone)
Ellen Gerstein, M.A.
Dave Gustafson, Ph.D.
Victor Joseph
George F. Koob, Ph.D. (ex-officio) (on telephone)
Harold S. Kudler, M.D. (ex-officio)
Kenneth J. Martinez, Psy.D.
Justin Luke Riley
Gail Stuart, Ph.D.
Terri L. White, M.S.W.
Christopher R. Wilkins, Sr., M.H.A.

SAMHSA Staff

Brian Altman, J.D.
Mirtha Beadle, M.P.A.
CDR Carlos Castillo
Paolo del Vecchio, M.S.W.
Kana Enomoto, M.A.
Anita Everett, M.D.
Linda Hutchings, M.S.J.
Larke Huang, Ph.D.
Kimberly Johnson, Ph.D.
Art Klein Schmidt, Ph.D.

Presenters:

Charles Reynolds

Call to Order

CDR Carlos Castillo, Committee Management Officer, called the meeting to order at 9:08 a.m.

Welcome, Introductions, and Consideration of Minutes from February 3, 2017 Meeting

Ms. Enomoto, Acting Deputy Assistant Secretary for Mental Health and Substance Use, welcomed NAC members and thanked Health Care for the Homeless (HCH) for hosting the meeting. SAMHSA leaders and NAC members introduced themselves. Council members approved the February 3, 2017, meeting minutes.

Grady Butler, Health Care for the Homeless
Board Member
Wilson M. Compton, M.D., Deputy
Director, National Institute on Drug Abuse
(on telephone)
Rachel Donegan, J.D., M.S.W., Assistant
Director at Promise Heights, University of
Maryland, School of Social Work
Kevin Lindamood, President and CEO,
Health Care for the Homeless President and
CEO
Andrew Masters, M.Ed., Youth Health and
Wellness Coordinator, Baltimore City
Health Department
Joel Sherrill, Ph.D., Deputy Director,
National Institute of Mental Health
Larry Simmons, ReCAST Project Manager,
Baltimore City Health Department
Nathan Thomas, Health Care for the
Homeless, Lead Peer Recovery Support
Specialist
Leana S. Wen, M.D., Health Commissioner,
Baltimore City

Other Participants:

Margaret Flanagan, LGSW, Director of
Grants Management, Health Care for the
Homeless

The Health Care for the Homeless Experience

Presenters: Kevin Lindamood, Nathan Thomas, Grady Butler; *Facilitator:* Paolo del Vecchio

Mr. del Vecchio cited HCH as a positive example of SAMHSA's emphasis on treating the whole person. Mr. Lindamood reviewed the history and operation of HCH, noting it served 10,000 clients in 2016. Its primary goal is to end homelessness, focusing on integrated health care and housing. Mr. Thomas, a Certified Peer Recovery Specialist (CPRS), shared how he became a CPRS and his work with HCH clients. Board member Greg Butler described his life-transforming experience as an HCH client. The Council's wide-ranging discussion addressed HCH's sources of revenue, which includes grants and Medicaid reimbursement; the number of homeless individuals in HCH's service area; the role of social networks in providing continuity of contact with homeless individuals; the lived experience of being homeless; the benefits that a peer counselor offers to clients, despite not yet being a billable service; how threats to Medicaid funding may affect HCH; HCH's advocacy work to prevent homelessness; the devastating impact of being ignored as a homeless person; HCH's expanding efforts to serve families and young people; mandatory reporting requirements when treating youth; HCH partnerships with law enforcement and faith communities; and how to communicate the needs of the growing number of homeless people in suburban communities.

Baltimore Innovation: The Whole City Approach to the Opioid Crisis

Presenter: Leana S. Wen, M.D.; *Facilitator:* Kimberly Jolmson, Ph.D.

Dr. Johnson introduced Baltimore Health Commissioner, Dr. Leana Wen, who presented Baltimore's three-pillar approach to treating addiction from a public health perspective: 1) saving lives through the distribution of naloxone/narcan via a blanket prescription to every city resident; 2) immediate treatment for those who want to stop using, including the creation of a stabilization center and use of buprenorphine in emergency departments with a goal of connecting the person to treatment the following day; and 3) fighting stigma with science, e.g., training law enforcement, the community, and physicians. Her ongoing concerns include: 1) countering stigma in the community; 2) a national return to the war on drugs; and 3) limited resources. Council discussion focused on Baltimore's limited resources to purchase more naloxone; lack of physician training on opioids and alternative pain management strategies; the impact that social determinants of health have on addiction and the absence of wraparound care; future development of a real-time dashboard in Baltimore to identify current available treatment locations; stigma-related challenges to integrating behavioral health care into primary care; Dr. Wen's top priorities for attacking the opioid crisis (adequate resources, treatment on demand, and changing society's law enforcement approach to addiction); how to convince health system leaders to address addiction treatment; Baltimore's use of peer recovery specialists to provide case management to overdose survivors; training physicians about opioid prescribing as a prevention approach; and the need to change the financial incentive system for pain management.

Community Resilience: Resiliency in Community after Stress and Trauma (ReCAST), the Baltimore Experience

Presenters: Andrew Masters, Larry Simmons, Rachel Donegan; *Facilitator:* Larke Huang, Ph.D.

Dr. Huang introduced the ReCAST grant program. The grant supports eight communities with five-year grants that empower local entities to address behavioral health issues, focusing on youth. She explained that the core of the program centers on social justice, racial equity, and how communities cope with stress and trauma. Mr. Masters provided an overview of the West Baltimore ReCAST project. During the proposal development process, three principles to guide the project were established in collaboration with the community: 1) the project should be community-led and driven; 2) large organizations should build the capacity of grassroots organizations; and 3) over time, funding should increasingly be given directly to the grassroots organizations to manage. A board of five community members and five stakeholders was created to guide the project. Overall, the implementation has been “messy,” but the process ensures that the community infrastructure will remain after the SAMHSA grant ends. Ms. Donegan described her work building capacity in Promise Heights, one of three neighborhoods that make up ReCAST West Baltimore. Mr. Simmons explained that he and the board emphasize the assets and resiliency of the community’s youth, rather than focusing exclusively on trauma and negative issues. Council discussion addressed the role and contributions of a community advisory board; how youth engagement in the advisory process produced changes where mental health services were delivered; community members’ distrust of institutions, their budding recognition of their power to influence grant activities, and barriers to rapid project implementation; suggestions for coalition-building resources that may be helpful; and the frequency and nature of interactions among the eight ReCAST grantees. Dr. Huang said that SAMHSA is learning about the implementation of the eight ReCAST projects via in-depth case studies, rather than using a traditional evaluation approach.

Updates from NIAAA, NIDA, NIMH, and Veterans Administration

Presenters: Wilson M. Compton, M.D., NIDA; George F. Koob, Ph.D., NIAAA; Joel Sherrill, Ph.D., NIMH; Harold Kudler, M.D., VA

Dr. Compton described collaborative initiatives between NIDA and SAMHSA, including joint funding (with the Appalachian Regional Commission) of nine grants to rural communities about opioid use and its relationship to hepatitis C, an fiscal year 2018 initiative for research embedded within SAMHSA’s State Targeted Response grantees; and NIDA’s participation in a National Institutes of Health (NIH)-wide initiative on opioids that will develop public-private partnerships to target non-addictive strategies to treat pain, further research on pain management, and improve ability to deliver new approaches to reversing overdoses. NIH hopes to partner with SAMHSA to ensure these new approaches are rapidly disseminated.

Dr. Koob reported on NIAAA activities focusing on treatment and recovery, especially for women. These include the HBO documentary, “Risky Drinking”; a session at the 2017 Research Society on Alcoholism (RSA) on “Everything You Wanted to Know about Alcohol Use Disorder (AUD) But Were Afraid to Ask,” that has just been uploaded to YouTube; the Fall 2017 launch of the Treatment Navigator to help people find evidence-based care for AUD that links to SAMHSA’s Behavioral Health Treatment Locator; and a national conference on alcohol and other substance use in women slated for October 26-27, 2017. NIAAA anticipates more work related to recovery in the future. Ms. Enomoto inquired about why NIAAA is focusing on women and girls; Dr. Koob responded that alcohol use is increasing significantly in women, and that women’s AUDs have an earlier onset than men’s and at a lower dose.

Dr. Sherrill focused his report on two areas of high priority at NIMH: 1) early identification and intervention in young adults with serious mental illness, including eight studies funded to identify ways to reduce the length of untreated psychosis and a joint meeting with SAMHSA to review the current state of the science and identify research gaps; and 2) suicide prevention, including Requests for Applications (RFAs) to test Zero Suicide approaches within health care systems; to encourage screening in the juvenile justice system to identify those at high risk for suicide; and to deploy computational approaches to mine data to identify those at risk. Council questions addressed the funding status of applications for the juvenile justice RFA, and NIMH's consideration of findings from a SAMHSA grant on the juvenile justice involved population, as well as its consultation with NIDA on this topic.

Dr. Kudler updated Council members on activities at the Veterans Administration (VA), including the provision of same-day access to mental health and substance use care at VA Medical Centers, caregiver programs for families, and a telehealth program to provide specialty care. Suicide prevention is the top clinical priority for the VA, and its suicide prevention program includes outreach via the Be There campaign, public-private partnerships; and specialty support to the veterans' crisis line for those at immediate risk of suicide. He noted the transition from military to civilian life is a high-risk period in people's lives. Thus, all veterans are offered a 90-day period of acute mental health care, and risk awareness trainings are provided to military personnel, military families, and VA administrators. Free gunlocks are offered to reduce the viability of using lethal weapons. He also noted that the VA is aligning its electronic medical record (EMR) with that of the Department of Defense for greater interoperability. Staff burnout is a challenge within the VA, which is prioritizing a strong therapeutic approach as burnout prevention. Discussion following Dr. Kudler's report addressed integration of behavioral health in the EMR, distribution of gunlocks, and types of clinicians affected by burnout.

Council Discussion

Ms. Enomoto challenged Council members to address how SAMHSA can tackle the big challenges described throughout the day with its available resources. NAC members suggested using peer-to-peer learning networks to extend SAMHSA's investment in programs; using in-depth case studies to document grantees' processes in sufficient detail that programs can be replicated, including anthropological approaches and intensive qualitative research methodologies; investing in public education about addiction and how different programs (e.g., housing for the homeless) benefit the community as a whole; persistent and targeted policymaker education about societal issues; integrating lessons learned from innovative projects into the health system; providing flexibility to grantees to implement programs in new ways; providing guaranteed multi-year start-up funding to facilitate project planning; using technology to share information in structured ways, e.g., providing a seminar with digital keynote addresses and opportunities for local breakout discussions; emphasizing the value of peer services to new SAMHSA leadership and the field; and acknowledging the concern that potential cuts to Medicaid will have on the behavioral health field.

Public Comment

There were no public comments offered during the designated time frame. Sean Bennett, Kalamazoo, Michigan, submitted a written comment stating that the mental health care industry misrepresents the quality and safety of anti-psychotic drugs (APDs). He called on SAMHSA to confront the harmful nature of APDs and the financial motivation of providers to prescribe them; to ask the Food and Drug Administration to ban APDs and to urge the pharmaceutical industry to produce a safer

product; and to serve as the federal government’s expert witness in governmental efforts to prosecute psychiatric fraud.

Closing Remarks

SAMHSA leaders and NAC members summarized their impressions of the day, identifying moments that particularly moved them and sharing their appreciation for a meeting located in the “real world.” Several members also expressed their appreciation for Ms. Enomoto’s leadership.

Adjourn

CDR Castillo adjourned the meeting at 3:43 p.m.

Certification

I hereby certify that, to the best of my knowledge, the foregoing minutes and the attachment are accurate and complete.

OCT 16 2017
Date

/signed/
Kana Enomoto
Chair, SAMHSA NAC
Acting Deputy Assistant Secretary for
Mental Health and Substance Abuse,
SAMHSA

Minutes will be formally considered by the SAMHSA NAC at its next meeting, and any connections or notations will be incorporated into the minutes of that meeting.