

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
(SAMHSA)**

Minutes of the

15th Joint Meeting of the

**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)
SAMHSA Tribal Technical Advisory Committee (TTAC)**

August 25, 2016

Bethesda North Marriott Hotel and Conference Center
Rockville, Maryland

SAMHSA Advisory Committee Members Present:

SAMHSA:

- Eric Broderick, D.D.S., M.P.H.
- Kenneth J. Martinez, Psy.D.
- Cassandra L. Price, M.B.A., GC-ADC- II
- Gail Wiscarz Stuart, Ph.D., R.N., FAAN
- Victor Joseph
- Harold S. Kudler, M.D. (ex officio)

CMHS:

- Paul Gionfriddo
- Jeremy Lazarus, M.D.
- Juanita Price, M.A.Ed.
- Gilberto Romero
- Jeremiah D. Simmons, M.P.H.
- Stacy M. Rasmus, Ph.D.
- Jeff Patton
- Ingrid Donato

CSAP:

- Dianne Harnad, M.S.W.
- Anton Bizzell, M.D.
- M. Dolores Cimini, Ph.D.
- Pamela Drake
- Scott Gagnon, M.P.P., PS-C

- Stefano “Steve” Keel, M.M.H.S., M.S.W., LICSW
- Kathleen Reynolds
- Michael Lindsay, Ph.D., M.S.W., M.P.H.
- Valerie Mariano, M.A., CPS
- Craig PoVey
- Ruth Satterfield, L.S.W.

CSAT:

- OmiSadé Ali, M.A., CADC, CCS;
- Judith A. Martin, M.D.
- Kristen Harper, M.Ed., LCDC
- Lawrence A. Medina, M.B.A.
- Indira Paharia, Psy.D.; M.B.A., M.S., LCP
- Arthur Schut, M.A.
- Lori Simon, M.D.
- Tom Hill

ACWS:

- Dan Lustig, Psy.D.
- Karen Mooney, M.S.W., LCSW
- Carole Warshaw, M.D.
- Jeannette Pai-Espinosa, M.Ed.
- Sarah Nerad

TTAC:

- Kristi Brooks
- Anthony J. Francisco, Jr.
- Lisa Wade
- Vernon Miller

SAMHSA Guests:

- Justin Riley
- Darryl Strawberry

SAMHSA Leadership:

- Kana Enomoto, M.A., Principal Deputy Administrator
- Amy Haseltine, Deputy for Operations
- Tom Coderre, Chief of Staff
- Paolo del Vecchio, M.S.W., Director, CMHS
- Frances M. Harding, Director, CSAP
- Kimberly A. Johnson, Ph.D., Director, CSAT
- Daryl W. Kade, M.A., Director, Center for Behavioral Health Statistics and Quality (CBHSQ)
- Monica Feit, Ph.D., Director, Office of Policy, Planning, and Innovation (OPPI)
- Deepa Avula, M.P.H., Acting Director, Office of Financial Resources (OFR)
- CDR Carlos Castillo, Committee Management Officer and Designated Federal Official, OPPI

- Michael Etzinger, B.S.M.E., M.B.A., Executive Officer, Office of Management, Technology, and Operations
- Anita Everett, M.D., Chief Medical Officer

Presenters:

- Deputy Surgeon General, Rear Admiral (RADM) Sylvia Trent-Adams
- Karen DeSalvo, M.D., M.P.H., M.Sc., Acting Assistant Secretary for Health

Call to Order

- CDR Castillo called the 15th meeting of SAMHSA’s Joint Meeting of the SAMHSA NAC, CMHS NAC, CSAP NAC, CSAT NAC, ACWS, and TTAC to order on August 25, 2016.

Welcome, Introductions, and Principal Deputy Administrator Remarks

- Ms. Enomoto welcomed participants to the meeting, introduced ambassadors Mr. Strawberry and Mr. Riley, and notified attendees of recent personnel changes. The panel and all council members in attendance introduced themselves.

SAMHSA Priorities and Center and Office Directors’ Updates

- Each center and office director on the panel (Mr. del Vecchio, Ms. Harding, Dr. Johnson, Ms. Kade, Ms. Avula, Mr. Etzinger, and Dr. Feit) provided a brief update of their respective center/office activities.
- Ms. Enomoto opened the floor to council discussion and feedback.
- Mr. Gionfriddo suggested that SAMHSA leverage its position to tackle the Zika epidemic. Ms. Enomoto said that SAMHSA has been involved through CSAT and their national disaster hotline.
- Mr. Strawberry and Mr. Riley introduced themselves. Mr. Strawberry said that he was impressed with what SAMHSA has done but believes that faith-based programs need to take greater precedence in SAMHSA’s prevention and recovery strategy. Dr. Lazarus said that it’s a challenge to figure out how to best integrate faith-based community efforts into SAMHSA’s programming. Ms. Enomoto said that faith-based models are already frequently integrated in SAMHSA’s community outreach. Mr. del Vecchio echoed the same points and Ms. Harding said that CSAP, in particular, utilized all community partners for its prevention efforts.
- Dr. Martinez asked about the implications of the overhauled Murphy bill on SAMHSA and about the scope of work of SAMHSA’s new Office of Legislation. Mr. Coderre responded that the Murphy bill passed the House and there is a version in the Senate that has not yet passed; it is not law. Furthermore, the major impact of the bill is the elevation of the SAMHSA Administrator to an Assistant Secretary for Mental Health and Substance Use Disorders. The bill would codify OPPI by establishing a mental health

policy laboratory and would also codify CBHSQ. It would also authorize some existing grant programs and some new grant programs. Dr. Feit addressed the second part of the question about the Office of Legislation. She indicated that SAMHSA has two legislative positions and intends to elevate them, and create a structure around them, adding more positions to address regulatory work and proactive legislative strategy. Mr. Coderre indicated that the bill elevates mental health and substance use disorders by raising the profile of these issues within Congress and within the country.

- Dr. Simon asked what part SAMHSA has played in gun control legislation, particularly as it relates to guns in the hands of those who are mentally ill. Mr. del Vecchio said that the council has not been involved in particular legislation, but reviewed what mental health determinants are prohibited in the Brady bill, and has worked with the Department of Justice to review other such standards. Mr. Coderre said that the council does not get involved in legislation but provides assistance to the Hill on any bills that cover their expertise.
- Dr. Kudler urged the attendees to be sure to recognize the importance of actively including veterans wherever they appear in the system.
- Mr. Joseph thanked SAMHSA for the work it has done with the National Tribal Behavioral Health Agenda, specifically, on the American Indian and Alaska Native Cultural Wisdom Declaration. He agreed with Mr. Strawberry on the importance of faith-based program inclusion, and generally, culturally-sensitive means of providing services and training local practitioners. Ms. Kade said that though these programs can be difficult since they do not easily lend themselves to clinical assessment, they have value and SAMHSA is the place to begin looking into these practices that are working and is able to share this knowledge.
- Ms. Wade said that minorities often have a “well-earned distrust” of the medical community that contributes to health disparities, which is something that needs to be considered and worked on in the communities. She thanked Dr. Johnson for making treatment more accessible, through the extension of prescription permission to nurse practitioners which will particularly help rural areas with their local addiction epidemics. She also mentioned that in San Francisco in 2015, there were 600 overdose reversals reported thanks to naloxone.
- Mr. Gagnon thanked CSAP for its work around providing marijuana resources that are going to be critical in informing the public.
- Ms. Ali would like to make sure Two-Spirit youth are considered and included in all SAMHSA efforts.
- Ms. Enomoto amended her earlier statement to say that there is a Zika link on SAMHSA’s website with materials, resources, and practical steps for local communities.

Conference Theme: The Intersection of Physical Health, Behavioral Health, and Public Health

Presenter: Deputy Surgeon General, RADM Sylvia Trent-Adams

- In place of the U.S. Surgeon General, Vice Admiral Dr. Vivek H. Murthy, RADM Trent-Adams presented to attendees.
- RADM Trent-Adams presented on the government's work to remedy health disparities and improvements to be made in systems to ensure health equity, including in preventative health, is achieved across the country, regardless of a citizen's zip code. She emphasized the importance of collaborative groups, such as SAMHSA, that unite different sectors throughout the health community to create actual cultural change and opportunity.
- RADM Trent-Adams cited cultural stigma as an obstacle for treatment, and believes the first-ever Surgeon General's report on substance abuse, treatment, and recovery will do much to change thinking surrounding the addiction crisis in the U.S.
- Additionally, RADM Trent-Adams stressed the importance and prioritization of emotional well-being – what causes it in communities, and how it can be developed to establish bonds and make citizens more resilient and communicative.
- The general discussion began with Dr. Lustig who raised the concern of addicted pregnant women who have limited treatment stays; he believes there's a lack of awareness and education on the part of policymakers and those approving treatment plans.
- Dr. Martin asked RADM Trent-Adams what qualities in the healthcare workforce could be introduced or strengthened to improve health equity. RADM Trent-Adams said that training the workforce in multi-ethnic diverse groups on health equity and bias makes a difference.
- Mr. Romero asked how to create a universal message of what public health is and how to practice it at every level of government. RADM Trent-Adams replied that better communication is the key, and that every member of the community at large needs to take responsibility.
- RADM Trent-Adams said there's no excuse for stigma to be impacting healthcare, and that change needs to begin with the training of all healthcare staff.
- Mr. Joseph brought up the need for greater staffing of healthcare workers in tribal areas. RADM Trent-Adams said that Ms. Mary Smith is the Acting Director of the Indian Health Service and would be able to address this concern.

- RADM Trent-Adams said that her office would be releasing a report, Turn the Tide, to enlist all prescribers to pledge their commitment to stemming the opioid addiction.

Introduction to Public Health 3.0 (PH 3.0)

Presenter: Dr. Karen DeSalvo, Acting Assistant Secretary for Health

- Dr. DeSalvo presented the proposition for PH 3.0. She began with the history of public health and the evolution of the current iteration, PH 3.0. PH 3.0 is based around the social determinants of health, which are the many factors in a community outside of the medical clinic that determines health. The five ingredients that PH 3.0 will address are organized beneath Leadership and Workforce, Data Analytics and Metrics, Essential Infrastructure, Flexible and Sustainable Funding, and Strategic Partnerships. Dr. DeSalvo said that the success of health departments will depend on how they leverage every single community resource and collaboration.
- Mr. Miller asked about the accreditation process. Dr. DeSalvo said the process is evolving, and the way it currently works, a local health department voluntarily applies to go through accreditation. Dr. DeSalvo noted that the Public Health Accreditation Board is considering whether to develop a modified accreditation process for small and rural health departments to address the unique issues that they face.
- Dr. Simon asked about PH 3.0's ability to better provide for the elderly. Dr. DeSalvo said that this is currently a source of difficult tension because the current payment models do not incentivize elderly people to stay in their own homes, regardless of the person's wishes. She said this is precisely where PH 3.0's emphasis on community collaboration could help.
- Dr. Broderick asked about what advice HHS would have to rural communities who are lacking funding to encourage or develop a way to pay for a similar 3.0 model. Dr. DeSalvo indicated that public health needs to define the fundamental capabilities to do cross-sectorial work. We do not know exactly the cost of public health infrastructure in the country to protect the public health. That is the reason why it is important to work on creating partnerships and looking for opportunities to work on shared services; perhaps by creating a new business model for public health. Dr. DeSalvo mentioned an example of using technology to provide trainings and do work across county and state lines.
- Ms. Price asked Dr. DeSalvo how she conceptualizes 3.0 and SAMHSA in the relationship with states' behavioral health authorities for both mental health and substance use disorders. Dr. DeSalvo said that part of public health's role is to create the conditions in which people can have better mental health and address prevention around substance use. States and communities need to spell out social determinants of health

and talk about holistic health. More work needs to be done around this area, as we face funding challenges.

Report-Outs from Breakout Groups

- Mr. Miller began the breakout discussion, reporting for the first breakout group. He said his group spoke to the need of public health to approach communities from a strength perspective, to see what's already being done well, what the traditional partnerships are, what is working, and what is not working – to not come into communities and try to reinvent the wheel. Mr. Miller said that, particularly with regards to various tribes whose physical health is the responsibility of government treaties, they need to pay close attention to the ways in which public health is addressing the communities on their own terms. He reported his group spoke about inclusion, respecting and recognizing communities' unique cultures, and how they work together in their own unique areas.
- Ms. Enomoto asked whether there were any concrete recommendations. Ms. Pai-Espinosa said that they recommended more communication messaging that stresses the shared values of the community, customized to support SAMHSA's messaging. Ms. Wade said there was a unique opportunity through funding to engage public health through partnering with different groups.
- Dr. Paharia shared Group 2's recommendations for the Chief Medical Officer, Dr. Anita Everett. They recommended that Dr. Everett's office be more broadly inclusive of other community offices. She said that there should be a framework by which the community could evaluate the suggestions and develop priorities. They thought Dr. Everett should establish a subcommittee that would include people outside of SAMHSA, as well as representatives within SAMHSA, to create an informal think tank.
- Ms. Price, of Group 3, said they spoke to the relevance of PH 3.0 with regards to social determinants and how it involves behavioral health. She cited challenges, including an increased focus on multi-care management programs, real-time sharing of data, differences between insured versus un-insured, the Health Insurance Portability and Accountability Act of 1996, challenges around consent, de-identified data, and the differences in vocabulary around different systems.
- Ms. Ali, of Group 4, said her group talked about how to make the process more accessible for communities of color. Challenges include a lack of evidence-based practices in communities, lack of ability to draw on evidence-based practices, and many different troubles concerning reconciling the federal grant-making process with tribal ways.
- Mr. Hill said that part of the failure of the data systems thus far had been due to an inability to tier the data elegantly.
- Mr. del Vecchio said that there needs to be a continuum of care with regards to prevention in order to prevent a crisis. This could include hotlines, warmlines, and follow-ups on

emergency care. Mr. Romero said prevention needs to be approached on three different levels.

- Dr. Simon recounted the story of a severely depressed patient who committed suicide. She believes that the suicide could have been prevented had Electroconvulsive Therapy (ECT) been available. Ms. Enomoto said SAMHSA has been involved in conversations around ECT to increase the education and availability of the method.
- Ms. Wade further clarified the difficulties a tribe faces when applying for grants. Ms. Enomoto suggested SAMHSA consider an intermediary level of grant that would be smaller and more technical to help tribal applicants build capacity.

Public Comment

- Ms. Enomoto opened the floor for public comment.

Closing Remarks and Adjournment

- Ms. Enomoto said the meeting was a testament to all the ways in which healthcare has changed, and thanked the attendees for all of the advice and insight they provided.
- CDR Carlos Castillo adjourned the meeting.

Certification

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

November 3, 2016

Date

/Kara Enomoto/

Kana Enomoto