

**Department of Health and Human Services
Substance Abuse and Mental Health Service Administration**

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

**August 28, 2024
Rockville, Maryland
Minutes**

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Call to Order

CAPT Carlos Castillo called the Joint National Advisory Councils (JNAC) meeting to order on August 28, 2024 at 9:08 a.m. The meeting included the following Advisory Committees: SAMHSA National Advisory Council (NAC); the Center for Mental Health Services (CMHS) NAC; the Center for Substance Abuse Prevention (CSAP) NAC; the Center for Substance Abuse Treatment (CSAT) NAC; SAMHSA's Advisory Committee for Women's Services (ACWS); and SAMHSA Tribal Technical Advisory Committee (TTAC).

The JNAC was convened as a hybrid. A list of attendees is provided in Appendix A.

Opening Invocation and Follow up from the JNAC Meeting of February 2024

Nickolaus Lewis provided an invocation.

Miriam Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use, shared that she will be attending a White House Ceremony for Overdose Awareness Week later today. She then shared the following updates in response to recommendations made during the February JNAC:

- **JNAC Subcommittees** – Because the JNAC isn't an official advisory committee through [FACA](#), subcommittees are not allowed. However, the individual Advisory Committees can initiate subcommittees. They can then report to the larger JNAC community and also invite other Committees to participate in the subcommittee.
- **Member Directory** – The member bios and affiliations for each Council are posted on the [SAMHSA website](#). Unfortunately, SAMHSA cannot release contact information without permission from that member.

As a comment, Barbara Warren thanked the Assistant Secretary for the LGBTQ+ summit in January and looked forward to seeing published considerations from the convening.

Center NACs Updates from the Individual Meetings

Each of the SAMHSA Advisory Councils provided updates from yesterday's meetings.

SAMHSA's Advisory Committee for Women's Services (ACWS)

Nima Sheth, M.D., Associate Administrator for Women Services

Dr. Sheth noted that Dr. Delphin-Rittmon co-chairs the [Task Force on Maternal Mental Health](#) with the Assistant Secretary for Health, Rachel Levine. The Task Force has over 120 Federal and nonfederal members and has been tasked with developing a [National Strategy to Improve Maternal Mental Health Care](#) and a [Report to Congress](#). The Task Force was placed within the ACWS and members served as co-chairs across five working groups.

During their meeting yesterday, ACWS members discussed the following:

- **Review of the Task Force's Action Recommendations** – Dr. Sheth noted that most of the 29 actions were focused on Federal agencies but the ACWS also discussed private partnership actions.

- **Pregnant and Parenting Women (PPW) Grantees Spotlight** – ACWS members heard presentations by two PPW Grantees: one representing the [State pilot program](#) and the other a nonprofit which operates a [residential program](#).
- **Presentation about the National Center of Excellence for Eating Disorders (NCEED)** – In addition to the [Center of Excellence](#), SAMHSA recently convened a Summit on the issue.
- **Assistant Secretary Report** – Assistant Secretary Delphin-Rittmon provided an update of SAMHSA’s overall initiatives.
- **Gender-Based Violence** – SAMHSA staff have been engaged in cross-Federal meetings as well as internal meetings to put into action, the strategies from the [U.S. National Plan to End Gender-Based Violence](#). They have also convened a technical expert panel on the issue.
- **Two New Programs** – SAMHSA has released a funding announcement to develop a [technical assistance center for Women’s Behavioral Health](#). They also launched a community-based maternal behavioral health services program to provide linkages to services.

JNAC members shared the following questions and comments:

- **Trans Women and Gender-Based Violence** –Barbara Warren asked about how the GBV work relates to trans women who have been significantly impacted by violence. Dr. Sheth noted that they are called out as a vulnerable subpopulation. Because of the heavy lift in getting the National Strategy published, specific subpopulation work will be done in the coming year.
- **Abortion and Reproductive Rights** – Dr. Sheth noted that women are eligible for preconception services regardless if the pregnancy ends before birth. However, Ruchi Fitzgerald noted that, in practice, services may be disrupted. Dr. Sheth shared that the block grant has a services set-aside which could be another funding source.
- **Terminology** – Le Ondra Clark Harvey recommended that the term be “pregnant and parenting individuals” because not all pregnant people identify as female. It would also expand to include partners.
- **System Biases** – Sophie Szew expressed concern about systems biases such as the VBAC calculator which isn’t accurate for minority populations. Dr. Sheth agreed sharing a personal story of a women who had a stroke due to an error. She noted that Pillar One of the National Strategy is focused on infrastructure which includes universal childcare, FLMA rights and structural racism.

The Center for Mental Health Services (CMHS) NAC

Anita Everett, M.D., DFAPA, Director, CMHS

Dr. Everett shared that the CMHS agenda included the following presentations:

- **En Bloc Voting** – The approach for reviewing grants through end block voting has been problematic so the CMHS NAC provided some considerations.
- **SAMHSA Strategic Plan** – The CMHS NAC requested to participate in the development of SAMHSA’s next Strategic Plan.
- **Disaster Updates** – The CMHS NAC heard a presentation on disaster response efforts specific to behavioral health needs.
- **Subcommittee Work** – The CMHS NAC had convened a subcommittee to explore infrastructure needs in clinical service grants. The Certified Community Behavioral Health

Centers (CCBHCs) served as their use case. The CMHS NAC approved the following three actions of that subcommittee:

- Define precision-based mental health services.
- Prioritize development of precision mental health services.
- Using CCBHCs, translate this information so that it can be used in the field.

In response to an inquiry from Dr. Harvey, Dr. Everett confirmed that the definition of precision-based mental health extends beyond the biological definition.

The Center for Substance Abuse Treatment (CSAT) NAC

Yngvild Olsen, M.D., M.P.H, Director, CSAT

Dr. Olsen shared that the most recent CSAT NAC focused on the following activities:

- **CSAT NAC Members Activities** – Members shared information about gun lock partnerships; getting naloxone into vending machines; expanding treatment for justice-involved individuals; and better serving tribal communities.
- **Syndemic Approaches** – SAMHSA has a [Dear Colleague Letter](#) which explains that funds can be used to address mpox. In addition, SAMHSA is looking deeper into the intersectionality of other syndemic infectious diseases such as HIV, other sexually transmitted diseases and hepatitis.
- **Core Data Interoperability (CDI)** – SAMHSA with the Office of the National Coordinator has launched the [Behavioral Health Information Technology Initiative](#) to improve health information technology across behavioral health settings.
- **Women’s Behavioral Health** – This presentation focused on pregnant and parenting women who are justice involved and have a substance use disorder. There is an eight-state learning collaborative. CSAT members requested to have a joint meeting with the Advisory Council for Women Services (ACWS).
- **Assistant Secretary’s Report** – Assistant Secretary Delphin-Rittmon provided updates on SAMHSA activities which include harm reduction and overdose prevention activities.
- **42CFR Part 8** – The CSAT NAC learned more about the impact of this revised rule which will provide more flexibility for opioid treatment programs.

JNAC members shared the following questions and comments:

- **Zero Overdose Strategy** – Jorge Petit noted that [Zero Overdose](#) is an evidence-informed approach modelled after Zero Suicide. Michelle Reid shared the success from the Zero Suicide model and implementation of the Columbia suicide severity-rating scale.
- **Overdose of PPW community** – Joanne Nicholson noted that postpartum and parenting women are at high risk for overdose because they stop using during pregnancy but may start up again after the baby is born.

The Center for Substance Abuse Prevention (CSAP) NAC

CAPT Christopher Jones, Pharm.D., Dr.PH, M.P.H. and Sherrine Peyton

CAPT Jones shared that the most recent CSAP NAC focused on the following activities:

- **Workforce Working Group** – This working group has met with outside folks including NASADAD and CADCA to discuss current efforts related to the prevention workforce. CAPT Jones noted that the prevention workforce is not well-defined.
- **988 and Prevention** – Jill Mays, with SAMHSA’s Crisis Systems Branch, gave an overview of 988 opportunities specific to prevention needs.
- **CSAP Prevention Portfolio** – The CSAP NAC discussed the block grant set-aside and discretionary grants which include the [strategic prevention framework partnership](#); and the [STOP Act](#) program to prevent underage drinking.
- **Equity** – Embedded throughout the discussion was concerns related to equity and how social drivers impact the workforce.

JNAC members shared the following questions and comments:

- **988 and Narcan** – Ken Stoller noted that during the CSAT NAC there were discussions about having 988 promote Narcan during their lifeline calls. CAPT Jones noted that SAMHSA will be doing a prevention training for 988 in the near future.
- **National Prevention Month** – This will be in October. A toolkit and kickoff meeting are scheduled for September.
- **Innovative Prevention Workforce Recruitment** – It was noted there are multiple recruitment pathways to bring in new staff. One effort is the [Minority Fellowship Program](#).

SAMHSA Tribal Technical Advisory Committee (TTAC)

Nickolaus Dee Lewis Jr. "Jutskadim"

Mr. Lewis shared the following updates from TTAC:

- **SAMHSA Meeting in Indian Country** – Assistant Secretary Delphin-Rittmon will be attending a leadership meeting with tribes hosted by the Lummi nation.
- **Prevention Approaches** – Mr. Lewis noted that trauma is the root of the behavioral needs and that needs to be addressed, rather than symptoms. He cited the [Icelandic Model](#) for prevention and noted that he and other leaders will be visiting Iceland in October to learn more.
- **Support for Tribal Practices** – Tribal nations struggle to sustain programs because they are not considered evidence-based.
- **Housing and Scholarships** – Housing is a major unmet recovery need. In addition, educational scholarships are inequitable with some requiring tax payments on the scholarship while others do not.
- **Family** – Mr. Lewis noted because of the historical trauma, many families have been harmed so that young folks don’t have someone to go to or talk to about their concerns.

Mr. Lewis closed with a poem about healing.

JNAC members shared the following questions and comments:

- **ACWS Collaboration** – Dr. Nicholson invited the TTAC to collaborate with the ACWS specific to women issues.
- **Appalachian Communities** – Lori Criss was interested in the Icelandic Model as a prevention resource for the Appalachian communities.
- **CalHop Redline** – Jim Kooler referenced [this program](#) as a resource for Indian County engagement across the crisis care continuum including 988 services.
- **Psychedelics/Marijuana** – Sarah Sullivan wanted to see barriers removed so that these medications can be used in tribal outpatient treatment. Conversely, Lois Jircitano was concerned about the use of marijuana among tribal youth.
- **European Differences** – Cristina Rabádan-Diehl noted that European health systems are less fragmented, so those international experiences may not lend themselves to the conditions in the US or in tribal nations.
- **Tribal Youth Disenfranchisement** – Dr. Jircitano noted that tribal youth are leaving their traditional homes and losing traditional customs that have been a protective factor for them. Curtis Yanito added that he has been involved in traditional native conferences to help retain/build those cultural ties.

Youth Engagement Efforts

Courtney Esparza, MS,MBA, LPC, Youth Engagement Lead, CSAP

Sunny Patel, MD, MPH, Senior Advisor for Children, Youth and Families, OAS

Courtney Esparza noted that SAMHSA is pursuing platforms to engage youth to learn about better ways to serve them; empower youth leaders; and promote behavioral health concerns. Some of these efforts include:

- [Online Health and Safety for Children and Youth](#) – This document was developed with input from youth.
- **SAMHSA Challenges** – SAMHSA supported the “[HHS Children and Youth Resilience Challenge](#)” as well as the [FentAlert](#) Challenge.
- **Briefings in Youth Spaces** – SAMHSA participates in 4H, HOSA, CADCA and other youth convenings to promote the agency and listen to youth voices. SAMHSA also has staff who mentor young people.

JNAC members shared the following questions and comments:

- **Hispanic Youth** – Dr. Rabádan-Diehl noted that the overdose rates for Hispanic youth have escalated from being the second lowest rate to now being the second highest rates. She noted that the Latino community values family involvement in their care, even after people turn 18. There is also a technology divide. The divide between the youth and the parental unit or family unit is technology. CAPT Jones shared that SAMHSA has developed resources to equip parents in how to speak with their children.
- **Youths’ Openness About Their Use** – Rahn Kennedy Bailey shared that training sites have reported that youth sitting in hospital waiting rooms and in correctional settings are quite open in discussing their use. He noted that this willingness to engage in conversation might serve as an opportunity to talk with youth directly about their use and providing prevention messaging.

- **Fentanyl in Tribal Nations** – Nick Lewis reported that there have been three infant deaths due to fentanyl exposure. He added that 100% of all child protective services removal of children in tribal communities has been due to fentanyl.
- **Awareness of SAMHSA** – A participant was surprised that many youth weren't aware of SAMHSA. Another participant noted that this should be expected because their parents would be the one who would seek services.
- **Suicide Internet Search** – Cynthia Yue appreciated that when someone keys in “suicide” into google, the first thing that pops up is 988. She suggested the same approach for vapes.
- **Youth Anxiety** – Ms. Yue noted that youth have anxiety and PTSD due to political/societal concerns (e.g., climate change, recent university protests, doxing, etc.)
- **Credible Messenger** – Ms. Yue also stressed the importance of credible messengers, which includes TikTok. Ms. Szew added that youth don't always “sit at a table” so SAMHSA should go out to where they are. They also rely on mutual aid approaches.
- **Mental Health/Rural Communities** –Tanisha Frederick reminded participants to also focus on youth mental health as well as the unique challenges in rural communities. When soliciting youth input, it is important to get a diversity of input.
- **Youth-led Platforms** – Sergio Aguilar-Gaxiola shared an approach in Sacramento (the Science Café) where a team of youth were given funding and allowed to design their own conference. The pandemic interrupted the initiative so they did a youth consultation instead. It was both enlightening for the adults and empowering for the youth.
- **Workforce Recruitment** – Several participants noted that youth engagement should also focus on workforce recruitment.
- **Alcohol** – Ralph Hingson emphasized a continued focus on underage drinking.

Criminal Justice

Yngvild Olsen, M.D., M.P.H., Director of CSAT

Robert Baillieu, M.D., M.P.H., Senior Advisor, CSAT;

Patti Juliana, Ph.D., L.C.S.W., Director, Division of Pharmacologic Therapies, CSAT

Dr. Olsen noted that the National Survey on Drug Use and Health does not include data from correctional settings, yet prisons, jails and juvenile detention centers have high SUD and suicide rates. In addition, the transition back into community is a vulnerable time with high mortality risks. A new law now requires that all three MOUD options be available to those in a carceral setting. Fifteen States have been involved in policy academies to integrate MOUD in state prisons.

Dr. Baillieu noted that SAMHSA has a criminal justice portfolio focused on drug courts; reentry program; and early diversion. They also have a technical assistance center ([GAINS Center for Behavioral Health and Justice Transformation](#)).

JNAC members shared the following questions and comments:

- **Connection with Other Federal Initiatives** – The Office of National Drug Control Policy (ONDCP) has monthly meetings. SAMHSA is connected with NIH's [HEAL](#) program and NIDA's [JCOIN](#) initiative.

- **Special Subpopulations** – JNAC members highlighted the unique concerns of individuals who are justice involved and identify with the following subpopulations: women veterans; mothers during childbirth (e.g. shackling); individuals with dual diagnosis; and LGBTQ+ youth.
- **Loss of Senior Meeting Spaces** – Juana Majel-Dixon noted that during COVID, meeting spaces for tribal elders were temporarily used to house inmates who were recently released. However, these spaces are still being used, leaving seniors with no gathering spaces.
- **ACEs** – A JNAC participant reminded the participants that having an incarcerated parent is an Adverse Childhood Experience (ACE). These children also need support.

Suicide Prevention

Monica Johnson , Director, 988 & Behavioral Health Crisis Coordinating Office;

Charissa Pallas, Communications Director, 988 & Behavioral Health Crisis Coordinating

The 988 suicide and crisis line just had its second anniversary and has received over 10 million calls/chats/texts. The call line offers specialized services for Spanish speakers; LGBTQ+ youth and those who are hearing impaired. There was an inaugural 988 convening in Chicago with over 1,000 participants. SAMHSA also launched a [988 Crisis Systems Response Training and Technical Support Center](#).

In terms of future efforts, SAMHSA will be focused on equity; georouting to local call-lines; transparency; data collection; and public awareness. For public awareness, SAMHSA has been working with the Action Alliance and Ad Council to conduct formative research. They also have launched a paid marketing campaign.

September 8th (9-8) has been dedicated as “988 Day” and there will be a nationwide celebration to promote the call line.

JNAC members shared the following questions and comments:

- **Abusive Callers** – Vibrant has a guidance document for addressing abusive and excessively repetitive callers. It was also noted that staff need to be protected (boundaries and self care).
- **Translation** – Dr. Majel-Dixon requested that SAMHSA provide more interpreters for native tribal languages. While some progress has been made, it is not yet universal and standardized. Dr. Aguilar-Gaxiola noted that he saw a video promotion of 988 in Spanish and the translation was poorly done.
- **Overdose Prevention** – Jorge Petit recommended that 988 protocols promote and provide linkages to naloxone.
- **Promotion** – Several participants offered promotional suggestions including youtube; other social media; providing it on the back of student id cards; and celebrity endorsements. One participant noted that high schools and colleges have marketing interns and they could be a good resource to help with promotion. Perhaps even as a student competition.
- **Incarcerated Individuals** – Ms. Yue suggested that SAMHSA look into having 988 as a resource for individuals who are incarcerated. Issues are the costs for a call and trust (e.g., it is confidential).
- **Evaluation** – SAMHSA is onboarding an evaluation contractor to try to collect data on post-call follow-up.

Council Discussion

JNAC members shared the following general questions and comments:

- **Wellness and Eco Therapy** – These approaches and other community-defined evidence should be incorporated/allowable costs within SAMHSA’s grants.
- **Community Anchors** – Sherrine Peyton appreciated seeing this term in SAMHSA’s funding announcements as it incentivizes grantees to seek out community-based organizations, including prevention organizations.
- **Expressing Tribal Voice** – Dr. Majel Dixon noted that there are over 500 sovereign tribal nations, each with their unique characteristics and needs. It is challenging to express the uniqueness of all these individualized voices with authenticity.
- **Advocacy** – Mr. Lewis requested a list of priorities which can be used as a resource for advocacy which JNAC members can do while SAMHSA cannot.

Public Comment

There were no public comments.

Closing Remarks/Adjourn

Assistant Secretary Delphin-Rittmon thanked JNAC members. She noted that the various NACs will convene again in the spring of 2025. The meeting adjourned at 4:35 p.m.

Certification

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

October 29, 2024
Date

/Miriam Delphin-Rittmon/
Miriam Delphin-Rittmon, Ph.D.
Assistant Secretary, Mental Health
And Substance Use

Appendix A – List of Participants

SAMHSA

Hon. Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and
Substance Use
Robert Baillieu M.D., M.P.H.
Joe Bañez
Mitchell Berger, M.P.H.
CAPT Carlos Castillo
Sonia Chessen
Tom Coderre
Jessie Cole
Darrick Cunningham, LCSW
Courtney Esparza, MS,MBA, LPC
Anita Everett. M.D., DFAPA
Jennifer Fan, J.D., Pharm.D.
Pamela Foote
Daniel Gallardo
CAPT. Chris Jones, Pharm.D., Dr.P.H, M.P.H.
Monica Johnson, M.A., LPC
Patti Juliana, Ph.D., L.C.S.W.
Tammy Liu, M.P.H.
Jenna Meyer, M.P.H., RN, BSN-C, CPH
Joseph Muller, M.D.
Nelia Nadal, M.P.H.
Yngvild K. Olsen, M.D., M.P.H.
Charissa Pallas
Sunny Patel, M.D., M.P.H.
Chau Pham
Damaris Richardson
Amy Romero
Mohammad Sharara, M.P.H.
Nima Sheth, M.D.
Amanda Simms
LaVencia Sugars
Robert Vincent, M.S. Ed.
Shannon VonDras, M.P.H.

ACWS

Tanisha L. Frederick
Octavia Harris
Le Ondra Clark Harvey, Ph.D
Kathryn Icenhower, Ph.D.
Lavita Nadkarni, Ph.D.
Joanne Nicholson, Ph.D.

CMHS NAC

Sergio Aguilar-Gaxiola, M.D., Ph.D.
Leonard Bickman, Ph.D., M.A., B.S.
Lori Criss, M.S.W.
Charles Dike, M.D., FRCPsych, M.P.H., DCP,
FACHE
Michele Reid, M.D., DLFAPPA, FACPsych
David Shern, Ph.D.
Sampat Shivangi, M.D., FICS
Conni Wells

CSAP NAC

David S. Anderson, Ph.D.
Philip D. Atkins, Ph.D., LICDC-CS, OCPC
James M. Kooler, Dr.P.H.
Sally Manninen, M.A.
Sherrine Peyton
Monica S. Ruiz, Ph.D., M.P.H.

CSAT NAC

Cady Berkel, Ph.D.
Diane Clarke, Ph.D.
Ruchi Fitzgerald. M.D., FAAFP
Lois Jircitano, Ph.D., J.D. M.A.
Wesley L. Geminn, PharmD., BCPP
Jorge Petit, M.D.
Charisse Evonne Peoples, Ph.D.
Kenneth Stoller, M.D.

SAMHSA NAC

Tina Atherall, M.S.W., D.S.W
Rahn Kennedy Bailey, M.D.
Laura Howard, J.D.
Andre Johnson, M.A., Psy.D.
Cristina Rabadán-Diehl, Ph.D.
Sophie Szew
Cynthia Yue
Tracy Neal-Walden, Ph.D
Barbara E. Warren, Psy.D.

TTAC¹

Marilyn Andon
Michelle Brandser*
BC Echohawk
D. Shauna Humphreys, M.S., LPC*
Tiffany Jefferson
Candice Jimenez
Chairman Peter Lengkeek
Sonia Little Hawk-Weston
Juana Majel-Dixon, Ph.D
Mary Ann Mills
Jacqueline Platero*
Marilyn M Scott
Dillon Shije
Sarah Sullivan*
Curtis Yanito
Nickolaus Dee Lewis Jr. "Jutskadim"

Jennifer Loeffler-Cobia, Dr.PH
Derek Lowry
Sally Manninen
Sarah Mariani
Phil Masiakowski
Jermois Morris
Charisse Peoples, Ph.D.
Monica Rousseau, Dr. PH
Jaclyn Saltzman, Ph.D., M.P.H.
Sampat Shivangi, M.D.
Reeta Singh
Barbara Smutek
Adam Viera
Mary Wei

Ex Officios

Tom Clarke, Ph.D., M.P.H. , on behalf of
Joshua Gordon, M.D., Ph.D. National
Institute of Mental Illness
Ralph Hingson on behalf of
Nora Volkow, M.D., National
Institute on Drug Abuse

Tribal Technical Center Staff

Sara Brave Heart
MaryAnn O'Meara
Laura Porterfield
Josh Schuyler
Mark Taylor

Guests

Julio Abreu
Kristin Ashcraft
Dianne Clarke, Ph.D.
Tammy Collins
Ryan Greendeer
Hannah Guevara, M.P.A.
Tabitha Hoey, M.P.H.
Bret Light

¹*Technical Support Representatives to TTAC.