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)

April 26, 2023
Rockville, Maryland
Minutes

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Call to Order and Welcome

Miriam Delphin-Rittmon, Assistant Secretary of Mental Health and Substance Use called the Joint National Advisory Councils (JNAC) meeting to order on April 26, 2023, at 9:00 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. Jill Mays offered an opening prayer which was followed by introductions. SAMHSA staff then provided office updates followed by updates from each respective NAC and topical discussions.

Office of Behavioral Health Equity (OBHE)

Larke Huang, Ph.D., Director, OBHE

Larke Huang noted that OBHE was created in 2010 to focus on underserved populations, primarily racial, ethnic minority, and sexual, gender minority populations with or at risk of mental health and substance use conditions. OBHE works across five key domains: policy; data; workforce development and practice improvement; communications; and TA/customer service.

Following are some key OBHE initiatives:

- **Disparity Impact Statements** – These are now required by all SAMHSA grantees and will create a data-informed quality improvement approach for more services to marginalized communities.
- **Embedded Equity in Key Programs** – Specifically, there is an emphasis to focus on inclusion of marginalized communities served through the 988 crisis line and the certified community-based health centers (CCBHCs).
- **Elevating Community-Based Organizations (CBOs)** – Many CBOs focus on underserved communities but don't have resources to obtain Federal nor State grants. SAMHSA is helping to support capacity-building. This involves incentivizing States to include smaller CBOs as subrecipients. There are currently about 1,300 CBOs in SAMHSA's network.
- **The Behavioral Health Equity Challenge** – This is a Challenge with a $50,000 prize to CBOs that provide innovative strategies for outreach to diverse populations.
- **Language Access Plan** – At the end of May, SAMHSA will have a language access plan requirement inserted into funding announcements.
- **Workforce Development** – SAMHSA has partnered with Historically Black Colleges and Universities (HBCUs) as well as the Minority Fellowship program to create workforce pathways for minority individuals.
- **Centers of Excellences (CoEs)** – SAMHSA currently has a CoE on African American Behavioral Health; LGBTQ+ Behavioral Health; and Asian American, Native Hawaiian, Pacific Islander Behavioral Health. This year, they will launch a CoE on Latino, Hispanic Behavioral Health.

Center for Behavioral Health Statistics and Quality (CBHSQ)

Lindsey Gonzales, Acting Deputy Director, CBHSQ

Lindsey Gonzales shared the following CBHSQ top priorities:

- **Staffing** – CBHSQ has been expanding to enhance the agency's in-house capacity related to data collection and analysis. They are also working on team-building.
- **Survey Reports** – CBHSQ released the 2021 National Survey on Drug Use and Health, or NSDUH in January and several reports from the Drug Abuse Warning Network (DAWN), which is a nationwide public health surveillance system that monitors emergency department visits related to recent substance use. And the National Substance Use and Mental Health Services Survey (N-SUMHSS) collects data on the location, characteristics, and utilization of substance use and mental health treatment facilities throughout the U.S. and its territories.
- **FindTreatment.gov** – This is a confidential and anonymous resource for persons seeking treatment for mental health and substance use disorders.
- **ASPIRE** – This is a SAMHSA-wide dashboard focused on race, ethnicity, age, and the regional impact of select discretionary grantees.

Office of Recovery

Paolo del Vecchio, Director, Office of Recovery

The Office of Recovery is six months old. It has five overall goals: inclusion, equity, peer services, social determinants, and wellness. Some of the activities in support of their goals include the following:

- Convene Recovery Leadership sessions with Regional Directors.
- Prepare for Recovery Month in September.
- Organize a Tribal Recovery Summit.
- Develop a model set of National Standards on Peer Certification.
- Expand collegiate recovery programs.
- Collaborate with the Office of National Drug Control Policy on recovery-friendly workplaces. This will include an employment summit over the summer.
- Convene technical expert panels related to wellness (e.g., addressing comorbidities).
- Develop a core report to convey how many Americans identify as being in recovery.
- Elevate Olmstead efforts as well as other human and civil rights projections.

988 and Behavioral Health Crisis Coordinating Office

Monica Johnson, M.A., LPC, Director, Behavioral Health Crisis Coordinating Office

SAMHSA serves as the lead organization for the 988 Suicide and Crisis Lifeline. This includes managing the cooperative agreement with Vibrant, the 988 Lifeline network administrator, as well as providing funding to help States, territories, tribes strengthen their local 988 Lifeline services. In addition, SAMHSA is working on the continuum of care beyond the call line, which includes the building of mobile crisis units and certified community behavioral health centers (CCBHCs).
Now that 988 has been launched, SAMHSA is working to get the locally-answered response call rates to 90% and doing outreach to make the community more aware of the services. A future goal is to have 80% of individuals access-on-demand to a mobile crisis unit by 2025.

In terms of funding, Ms. Johnson noted that five States now have legislated a 988-funding source, with other states creating advisory board and/or trust funds.

SAMHSA will be launching a national technical assistance center for crisis services and developing metrices for better assess the services. Ms. Johnson closed with a story of a young person who did a google search on how to die by suicide in a way that is not painful. The search list had information on 988 which the youth called and then got connected with a counselor.

Office of Financial Resources (OFR)

Kurt John, Ed.D., M.P.A., MSF, Director, OFR

Dr. John noted that SAMHSA has received an increase of $970 million over the fiscal year (FY) 2022 appropriations. The funding has been allocated across all the major program areas. As a result, OFR has published over 45 Notice of Funding Opportunities thus far. Since many of these opportunities are still open, he encouraged JNAC members to help get the word out to entities that are eligible for funding.

For FY 2024, the submitted budget is for an increase of $3.3 billion. In addition to the funding request, SAMHSA has legislative proposals related to the Minority Fellowship program; the CCBHC accreditation; and having a set-aside in the Block Grant for recovery-related services.

Lastly, SAMHSA has been trying to get the word "abuse" removed from the name because it is a stigmatizing term.

Advisory Committee on Women Services (ACWS)

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

Dr. Sheth noted that, in addition to the ACWS, SAMHSA has a cross-agency workgroup on women's behavioral health, with representation from all the Centers to elevate behavioral health needs for women and girls. In addition, SAMHSA now has a Maternal Mental Health Task Force charged with identifying, evaluating, and making recommendations to coordinate and improve Federal activities related to addressing maternal mental health conditions, as well as identifying best practices.

The AWCS had their meeting yesterday and focused on the following:

- **Maternal Mental Health and Substance Use** in support of the new Task Force efforts.
- **Behavioral Health of Girls** which incorporated details on two SAMHSA grant programs: ReCAST and Project AWARE.
- **SAMHSA's New Center of Excellence in Social Media** where discussions also referenced a new Dove campaign around social media and mental health.
- **Gender-Based Violence** which highlighted some vulnerable communities and provided recommendations on promising approaches.

Center for Mental Health Services (CMHS) NAC

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

The CMHS NAC is diverse with representation by peers, family networks, experts in criminal justice and a champion of CCBHCs. During their last meeting, they reviewed SAMHSA's budget; received an update on the CCBHC program; and reviewed ways that the NAC members roles could be enhanced. They also discussed school-based mental health services; the Mental Health Block Grant in the context of Medicaid expansion; and SAMHSA's responses to disasters.

Dr. Everett noted that African American youth suicide rates have tripled and that the CMHS NAC discussed SAMHSA's upcoming Policy Academy this summer in Baltimore which will focus on solutions that States can employ to address these unacceptably high rates.

Center for Substance Abuse Treatment (CSAT) NAC

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

The CSAT NAC is a "small, but mighty" group. Representation is a broad cross-section of stakeholders which include clinicians, a pharmacist, academics, CBO representatives, and a tribal representative.

Their last meeting focused on a series of updates related to the overdose crisis which includes the opening of 25 new opioid treatment programs and SAMHSA's collaboration with the Bureau of Prisons and other carceral settings to ensure that effective treatments for opioid use disorder (OUD) with medications is being expanded for justice-involved populations. They also discussed SAMHSA's naloxone saturation efforts.

The CSAT NAC meeting also discussed updates to the Block Grant, particularly as it relates to harm reduction and recovery services. One of the recommendations that the CSAT NAC highlighted was the need to be very intentional and deliberate about focusing on the continuum of care.

Other topics at the recent NAC include the following:

- **National Viral Hepatitis Strategy and Strategic Plan** – Subject matter experts discussed the goal to eliminate Hepatitis C in the U.S and how there needs to be integration with SUD services to achieve this aspiration.
- **Low Barrier Access Models** – These typically involve harm reduction and need to be integrated better into the whole service delivery system.
- **The Workforce** – While the x waiver requirement has been removed, there needs to be more educational outreach to providers about concerns related to SUD.
- **The Role of Pharmacists** – There is a pharmacist on the CSAT NAC and these providers are an important but sometimes overlooked part of the multidisciplinary team.

Center for Substance Abuse Prevention (CSAP) NAC

Captain Jennifer Fan, Acting Director, CSAP

The CSAP NAC meeting covered the following programs and initiatives:

- The Strategic Prevention Framework
- Underage and Adult Alcohol Use
- Opioid Harm Reduction
- The Prevention Workforce Shortage

However, in addition to a report-back by SAMHSA, the CSAP NAC also discussed the need to better highlight primary prevention messaging and supporting communities doing innovative and promising practice efforts.

With regard to workforce, it was noted that a barrier is not having sustainable funding for prevention services and low wages. It was also mentioned that prevention positions serve can serve as a gateway for youth to enter the field and build enthusiasm to seek a career in SUD and mental health. The CSAP NAC recommended having a study look into the workforce issues.

The CSAP NAC discussed partnerships and data evaluation efforts, including whether the data is beneficial and/or creating unnecessary burdens. Lastly, the CSAP NAC recommended that there be clear documentation of activities that happen during a disaster so that it can be a resource for mobilizing quickly in any future disasters.

Tribal Technical Advisory Council (TTAC)

Joe Garcia and Juana Magel-Dixon, Co-Chairs, TTAC

Mr. Garcia noted that TTAC represents 574 tribal nations as well as Native Americans who live in urban communities. While there are common needs, each Tribe has a unique culture and sovereignty, so it is important to be respectful of that. The TTAC's main focus has been to update the Tribal Behavioral Health Agenda (TBHA) that was originally developed in 2016. The TBHA is for lay people and tribal government leaders. It is also a resource that can be used by State policy makers.

Tribal communities value traditional healing approaches and it has been difficult to get these services covered through grants. This is a disparity issue. In addition tribal communities are small and under-resourced, so they may not have the capacity to undertake the evaluations that SAMHSA requires with their funding. Lastly, there are other disparities such as the lack of broadband (e.g., implementing 988 in a frontier location).

Juana Magel-Dixon then shared some personal stories of young people in Indian country and the challenges they are facing.

Integrating Equity and Data

Larke Huang, Ph.D., Director, OBHE
Lindsey Gonzales, Acting Deputy Director, CBHSQ

Dr. Huang asked JNAC members how OBHE might better integrate their work into SAMHSA grants. For example, there has been tremendous investments in the launch of 988 and to build community awareness, but there are still certain communities that aren't aware or are using the service. She noted that this is critical moment in time to make transformative change in access for marginalized communities.

Dr. Huang then shared an overview of CSAT grant programs by race and ethnicity which indicated that the general white population are overrepresented compared to other populations. This same overrepresentation applies to CCBHCs. There does seem to be more minority access to prevention services such as through the Minority AIDS initiative. Dr. Huang also asked NAC members if there should be a separate NAC for her office focused on health equity.

Following are comments from the various NAC members.

- **Workforce** – Andre Johnson noted that in Detroit there ere partnerships being established with universities to get more providers who are people of color. He also suggested that grant money be given to support these efforts.
- **Gender Minority Data** – Joanne Keatley asked about nonbinary representation in the grant data. Dr. Huang noted that the data provided was from GPRA and while it collects gender information, it does not collect information on sexual orientation. She added that SAMHSA has an upcoming set of grants specific to LBGTQI+ youth. Tom Coderre added that SAMHSA just released a report providing an evidence-based roadmap for nonbinary youth.
- **Clinical Trial Bias** – Cristina Rabadan-Diehl noted that clinical trials are biased towards Caucasian male populations.
- **Have a Local Presence** – Dr. Rabadan-Diehl also invited SAMHSA staff to be engaged in local activities such as the Overdose Awareness Day that occurs in Rockville Maryland during Recovery Month.
- **Replicate CEAL** – Dr. Rabadan-Diehl shared that the Community Engagement Alliance (CEAL) was an NIH initiative during COVID to foster community-engagement research in communities which have been hit hardest by the pandemic. The Alliance is designed to meet people where they are with the help of trusted messengers, including family doctors, pastors, and community health workers, and to forge lasting partnerships to address health disparities."
- **California's Mental Health Equity Program** – Sergio Aguilar-Gaxiola shared the California had an eight-year program focused on advancing mental health equity with the historically underserved populations using community-based approaches. He offered to share the evaluation and added that a critical ingredient is partnerships with a variety of stakeholders (e.g., social services, churches, schools, law enforcement, transportation, etc.)
- **Leveraging Technology –** Dr. Aguilar-Gaxiola also noted that the "time was ripe" to leverage technology, particularly to seek out individuals rather than wait for them to come to receive services.

- **Embed Equity Into All Work –** Sarah Mariani cautioned that when an entity identifies one group to focus on equity (e.g., the OBHE), then other aspects of the agency might feel they are "off the hook" for addressing it. She wanted to ensure that doesn't inadvertently occur. She also mentioned that surveillance data is a critical tool to assess disparities concerns. State data could be a resource for this and social determinants like housing insecurity should also be measured.
- **Building Trust –** Rahn Kennedy Bailey noted that minority populations have historical mistrust of the Federal government, particularly in the context of the crack and opioid epidemic, coupled with the mass incarceration approach to SUD. So the OBHE is important towards repairing those relationships. The SOR funding also helped with that.
- **The Appalachian Community –** Lori Criss reminded SAMHSA to also focus on rural responses, most notably the Appalachian communities who have been disproportionally hurt by the opioid epidemic.
- **An OBHE NAC –** Le Ondra Clark noted the equity should be a cross-cutting issue incorporated into all the NACs rather than siloing it into a separate NAC.
- **Use of Cultural Informants –** Dr. Clark noted the importance of having "cultural informants" who can both provide information about the community but also be the ones that are trusted in conveying information and education.

Feedback on How to Improve Mental Health and Substance Use Disorder Services During a Public Health Emergency

Anne Herron, M.S., Office of Intergovernmental and Public Affairs

Ms. Herron acknowledged that the pandemic has changed "everything" including the business model for delivering behavioral health services. Flexibilities applied to data collection and reporting; grantee reporting deadlines; no-cost extensions; budget modifications; reallocation of personnel; telehealth; and technical assistance approaches are examples.

As an extreme example, the cycle for SAMHSA's COVID-related grants went from announcement to awards within six weeks.

However, there were also negative consequences. These included language barriers; individuals not having privacy during telehealth visits; and burnout of health professionals. While SAMHSA offered funding to cover treatment services of health professionals, many were reluctant to take advantage of it for fear of losing their license. Ms. Herron wanted to get comments about lessons learned so that everyone from leadership to providers will be better prepared for the next public health emergency.

Following are comments from the various NAC members.

- **Support to First Responders** – Dr. Rabadan-Diehl noted that EMTs and others are considerably fatigued as well as traumatized by the suffering. She shared that when EMTs came to her house after her son died, they couldn't even say the words "time of death."
- **Expiration of the Public Health Emergency (PHE)** – Kenison Roy was concerned about the expiration of the PHE and removing some of the flexibilities that were positive. Specifically, he was citing that there was no longer a need for an in-person visit to get medicated-assisted treatment (MAT). He also asked that SAMHSA incentivize opioid treatment programs to have extended work hours,

noting that hospital and jail do discharges at all hours and making a patient wait for their prescription could mean losing them. Several other members echoed Dr. Roy's request to not reverse the flexibilities.

- **Role of Other Agencies** – Michele Reid noted that while SAMHSA helped with telehealth, the FCC provided phones to individuals who didn't have it and the DEA proposed the lifting the requirement for in-person visits to obtain an MAT prescription. This whole-agency-in approach helped to fill in gaps.
- **Long COVID** – While there is a lot of discussion about long COVID in terms of symptoms of an individual, it is also societal in that there is overall greater behavioral health needs and providers having post-traumatic stress from the past three years.
- **Small CBOs** – Kathryn Icenhower noted that it is the smaller CBOs that are able to best reach marginalized communities. SAMHSA needs to review their current grant portfolio to see if and how these entities get funding. Many are often left out of funding streams. Joe Garcia echoed this sentiment related to tribal communities, noting that smaller nations are often even unaware of grant opportunities.
- **Prevention and "Public Utilities"** – James Kooler stated that the last three years created a metamorphosis in front-end continuum of care resources. In addition to 988, there were prevention services and the lens of treating public health, including behavioral health like a public utility. With the vaccines, there was no discussion of individuals paying for the COVID vaccine, masks, and testing kits.
- **TAP 34 and Prevention** – Sarah Mariani noted that in this publication it says that prevention services should be discontinued. This pandemic highlighted the importance of investing in prevention and health promotion resources.
- **George Floyd** – Dr. Warren reminded attendees that in addition to the pandemic, systematic racism was raised to the forefront by the murder of George Floyd and other African Americans. Beyond merely health equity issues, there needs to be an intentional dismantling of the structural racism within systems that perpetuates these inequities.
- **LGBTQI+ Populations** – Dr. Warren also said that SAMHSA has been collecting sexual orientation and gender data since the 1990s. This data should be shared more openly.
- **Gun Violence and Climate Change** – Dr. Warren also noted that while it seems tangential, gun violence and climate change are stressors for our youth. So, SAMHSA should be concerned about this and recognize that these are factors on our youth's mental health. She noted one patient who lived through several tornados and has PTSD as a result.
- **A National Licensure** – During COVID, Dr. Warren was able to see patients around the country. She noted that this ability should remain, particularly given workforce shortages.

Impact of Fentanyl in American Communities

Yngvild Olsen, M.D., Director, CSAT
Captain Jennifer Fan, Pharm.D., J.D., Acting Director, CSAP
Captain Karen Hearod, M.S.W., LCSW, Director, Office of Tribal Affairs and Policy (OTAP

Dr. Olsen noted that over 107,000 Americans were lost in 2021 due to an opioid overdose. And what is driving this number up is illicitly manufactured Fentanyl, followed by an increase in stimulants, particularly methamphetamines. And now substances like xylazine are getting into the drug supply. Minority communities (e.g., Native Americans, African Americans) continue to be disproportionally impacted.

Dr. Olsen noted that while there are millions in recovery, many individuals with opioid use disorder (OUD) never access clinical or social services. Which raises the question "how do we engage with those who need the most services?"

The HHS Overdose Prevention Strategy was released in October 2021 and is built upon four pillars: primary prevention, harm reduction, evidence-based treatment, and recovery support. MAT has the potential to cut mortality from opioid-related overdose by 50%. However, the continuum of services also needs counseling/peer support; harm reduction; and social support.

There is no longer an x Waiver for prescribing MAT and the MATE Act now requires substance use disorder trainings in medical and other health-related schools/disciplines. Dr. Olson also noted that SAMHSA has expanded the ability for patients to take methadone doses home with them, which data showed improved compliance. SAMHSA is looking to make this flexibility permanent.

With regard to prevention, Captain Fan noted that the main focus has been on naloxone saturation. She stated that she recently took a CPR course that mentioned overdose but nothing about naloxone. It would be good to incorporate this training into that course. There are also efforts to allow naloxone to be over-the-counter. Two concerns that SAMHSA has related to naloxone is finding options for individuals who can't afford the cost; and also the need for extra kits because of the high toxicity of fentanyl.

Captain Fan also spoke about grant funding to cover purchasing fentanyl strips. There is also work on xylazine and benzodiazepine testing strips.

Lastly, Captain Fan mentioned two community programs focused on the opioid epidemic:

- **The Arizona Youth Partnership** – They have developed a prevention/overdose reversal toolkit.
- **The Nassau County Office of Education** –This community hosted two town hall sessions regarding the Fentanyl poisoning in partnership with the Napa Opioid Safety Coalition.

Captain Fan noted that SAMHSA is also concerned about underage drinking and has launched a campaign called "Talk. They Hear You" to encourage parents to have conversations. The campaign includes both education and an app for parents to do role-playing. Lastly, SAMHSA is encouraging the screener Screen4Success which can be used by a parent/caregiver as well as CBOs.

Captain Kari Hearod shared that American Indian and Alaska Natives have been disproportionately burdened by the opioid epidemic as well as other behavioral health risks. She noted that communities are small, so just one overdose death has a ripple effect across the community.

SAMHSA's OTAP manages the Tribal Opioid Response (TOR) Grant which has been used to address prevention, treatment, recovery, and harm reduction for tribal nations and tribal citizens. Over the course of the TOR grant, SAMHSA has made 400 awards, and that represents about $250 million. The funds have been used to purchase over 37,000 naloxone kits and conduct 277 overdose reversals.

The funds have also been used for naloxone trainings for casino personnel as many overdoses have occurred in these settings. And she noted that Elders are using their influence to do messaging and build community trust.

Lastly, Captain Hearod reiterated her office's work in supporting revisions to the National Tribal Behavioral Health Agenda (TBHA) and to have the TBHA's Cultural Wisdom Declaration embedded into SAMHSA's NOFOs and flexibilities for non-traditional services (e.g., canoe-building). She shared a few efforts by Tribal Nations in addressing the opioid epidemic.

Council Discussion

JNAC members shared the following questions and comments:

- **Fentanyl Strips** – Dr. Rabadan-Diehl was glad to see that SAMHSA is being more proactive about funding Fentanyl test strips, noting that Fentanyl was what killed her son four years ago.
- **Hispanic/Latino Overdoses** – Dr. Rabadan-Diehl also expressed concern regarding data that shows that Hispanic adolescent deaths due to overdose is one of the highest rates after tribal youth.
- **Self-Stigma** – Dr. Rabadan-Diehl noted self-stigma remains an issue and why some individuals don't see help.
- **Repeal of the x Waiver** – Dr. Kennedy Bailey stated that the elimination of the x waiver requirement is a "game-changer." However, he advocated that SAMHSA engage providers so that they feel more comfortable in prescribing. Dr. Olsen agreed noting that SAMHSA's Chief Medical Officer, Neeraj Gandotra, has a team focused on that and they are working with different professional associations to help.
- **US-Tribal Relationship** – Terry Parton reminded SAMSHA that engagement with Tribes is not a racial relationship but rather a political treaty and trust obligation. She asked that this be stressed in SAMHSA's strategic plan. She also noted that, with regard to data, not all tribes report and it would be important to encourage those that don't report to share their data.
- **Needs of Alaskan Natives and State Funds** – Mary Ann Mills said that Alaskan Natives have suffered tremendously with regard to violence (sexual and physical); behavioral health needs; and stigma. She noted that much of their funding is funneled through the State of Alaska which has strings attached (e.g., signing sovereign immunity waivers). This is offensive.
- **Naloxone Availability** – Charles Dike wanted to know what SAMHSA has been doing to expand access to naloxone for the general public. Assistant Secretary Delphin-Rittmon noted that naloxone will be available over-the-counter in August. There will also be a Policy Academy this summer to provide TA to States to expand access, particularly in high need communities. Dr. Olsen added that CSAT has been making individual State- and Tribal-level calls to support naloxone saturation plans.
- **SBIRT Training** – Dr. Warren noted that there seems to be less emphasis on training related to SBIRT screening.

Public Comment

There was one public comment by Robin Tapio with the Oglala Sioux Tribe, Great Plains Region. Ms. Tapio advocated that society stop criminalizing addiction, noting that many Native Americans who are in the criminal justice system are there for drug use.

Closing Remarks/Adjourn

Assistant Secretary Delphin-Rittmon noted that the various NACs will convene again in August and perhaps there might be another JNAC. She also suggested having virtual "coffee hours" as a way to provide more routine updates. She then thanked everyone for their participation and adjourned the meeting at 3:35 p.m.

Certification

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

June 22, 2023
Date

Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for 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
Captain Carlos Castillo, ACMO
Sonia Chessen, Chief of Staff
Tom Coderre, Acting Deputy Assistant Secretary for Mental Health and Substance Use
Paolo del Vecchio, M.S.W.
Anita Everett. M.D., DFAPA
Captain Jennifer Fan, Pharm.D., J.D.
Lindsey Gonzales
Captain Karen Hearod, M.S.W., LCSW
Anne M. Herron, M.S.
Larke N. Huang, Ph.D.
Kurt John. Ed.D., M.P.A., M.S.F.
Monica Johnson, M.A., L.P.C.
Yngvild K. Olsen, M.D., M.P.H.
Nima Sheth, M.D.

ACWS

Kelly Andrzejczyk-Beatty, D.O.
Tanisha L. Frederick
Octavia Harris
Le Ondra Clark Harvey, Ph.D
Kathryn Icenhower, Ph.D.
Jill Mays M.S., LPC
Lavita Nadkarni, Ph.D.
Joanne Nicholson, Ph.D.
Judge Duane Sloane

CMHS NAC

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

CSAP NAC

David S. Anderson, Ph.D.
Cady Berkel, Ph.D.
Richard F. Catalano, Jr., Ph.D.
James M. Kooler, Dr.P.H.
Sarah Mariani
Monica S. Ruiz, Ph.D., M.P.H.

CSAT NAC

Wesley L. Geminn, PharmD., BCPP
Charisse Evonne Peoples, Ph.D.
A. Kenison Roy III, M.D., DFASAM, DLFAPA
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.
Joanne G. Keatley, M.S.W.
Cristina Rabadan-Diehl, Ph.D.
Francisco J. Rodriguez-Fraticelli
Barbara E. Warren, Psy.D.

TTAC

Marilyn Andon
Dr. Michelle Brandser
Chief Beverly Cook
Joe A. Garcia
Sonia Little Hawk-Weston
Juana Majel-Dixon
Mary Ann Mills
Terri Parton
Robin Tapio