

**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 30, 2023
Rockville, Maryland
Minutes**

Table of Contents

Call to Order and Welcome 3

Recognizing Council Member Joe Garcia (In Memoriam)..... 3

Follow up from the JNAC Meeting of April 26, 2023..... 3

Center NACs Updates from the Individual Meetings 4

Integration, Long COVID 8

Equity, LGBTQI+ 8

Recovery Support..... 10

Council Discussion 11

Public Comment..... 12

Closing Remarks/Adjourn..... 12

Certification..... 12

Appendix A – List of Participants..... 13

Call to Order and Welcome

Capt. Carlos Castillo called the Joint National Advisory Councils (JNAC) meeting to order on August 30, 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.

Miriam Delphin-Rittmon, the Assistant Secretary for Mental Health and Substance Use, welcomed JNAC members and shared that SAMHSA staff were energized by the passion and generous sharing of perspectives during the inaugural JNAC in April.

The meeting began with a silent prayer. Cristina Rabadan-Diehl noted that tomorrow is National Overdose Awareness Day and she asked JNAC members to keep those who have lost their lives due to overdose in their thoughts.

Recognizing Council Member Joe Garcia (In Memoriam)

Assistant Secretary Delphin-Rittmon noted that TTAC Co-Chair Joe Garcia passed away shortly after the April meeting. She shared that he had a wealth of wisdom that he was an advisor to SAMHSA for many years. A brief video was shown commemorating his life and contribution to bettering behavioral health for tribal communities.

Captain Kari Hearod provided a memorial testimony for Chairman Garcia and his legacy.

Follow up from the JNAC Meeting of April 26, 2023

Miriam E. Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use

Assistant Secretary Delphin-Rittmon then gave some updates that were in direct response to inquiries made during the April JNAC:

- **LBGTQI+ Community** – There will be a presentation later today to provide more details on SAMHSA efforts related to this community.
- **SAMHSA's Strategic Plan** – Assistant Secretary Delphin-Rittmon thanked the JNAC for their feedback on the [Strategic Plan](#). She noted that the plan doesn't merely guide SAMHSA but also serves as a roadmap for the Nation and provides examples and actionable steps.
- **Coffee Hours** – These are more informal opportunities for NAC members and SAMHSA to engage in some bidirectional sharing. The first coffee hour occurred a few months ago and SAMHSA plans to host at least one coffee hour between each NAC meeting cycle.

Center NACs Updates from the Individual Meetings

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

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:

- Welcomed four new members.
- Provided an overview of each of the CSAT divisions and branches and their portfolios.
- Had a deep-dive discussion of data, particularly related to the Substance Use Block Grant.
- Received an update from the Assistant Secretary on a variety of issues including updates on 988; contingency management practices; and the revisions to the Part 8 opioid treatment program regulation revisions.
- Engaged in a discussion about social determinants of health (SDoH) concerns and creative ways to address these findings.
- Learned more about the Harm Reduction Framework.
- Held a discussion on equity, stigma and discrimination.

JNAC members shared the following questions and comments:

- **Concerning Trends for Underserved Populations** – Dr. Olsen noted that it is important to look beyond the overall data rates to rates for underserved populations. For example, in Kentucky celebrated a drop in overdose rates. However, while the overall rate did decline, the rates for African-Americans had increased.
- **State Laws Targeting the LBGTQI+** – Barbara Warren expressed concern about the proliferation of anti-LBGTQ laws across some States and an unwillingness to provide culturally-specific programs for this community. Dr. Delphin Rittmon responded that SAMHSA is having conversations about this and trying to be creative with their programs to allow for improved programming opportunities for the LBGTQI+ community (e.g., the Minority Fellowship).
- **Harm Reduction Framework Timeline** – SAMHSA received 150 public comments on the framework. SAMHSA staff are reviewing the comments, and also collaborating with Federal partners.
- **Medical Marijuana** – Rahm Kennedy Bailey shared that the legalization of marijuana has driven up the juvenile justice rates. There are also no treatment programs. Dr. Olsen shared that this was discussed as an issue also with Native Americans (e.g., a higher concentration of dispensaries and lack of some of the rules that have been placed upon non-reservation locations). Both Drs. Olsen and Jones noted that there is a huge gap in serving youth, both in treatment and prevention aspects. Sally Manninen noted that, due to barriers, there is a need to be more creative about treating youth (workforce issues and youth not wanting to engage in formal treatment options). Dr. Olsen added that schools need to be engaged in this work.
- **Underlying Cause of Adolescent SUD** – As a youth representative, Cynthia Yue noted that a driving factor of adolescent youth SUD is stress and mental health issues. She advocated for addressing mental health well-being early (e.g., elementary school) and establishing a credible messengers program of community and youth influencers who can deliver these messages.
- **The Family Domain** – Dr. Rabadan-Diehl added that, in terms of the life course, the family domain needs more support. She noted that families may be resistant to education in schools

(e.g., elementary) and family SUD is a risk factor. Other participants agreed and also noted the need to address poverty; structural factors (beyond SDoH); and the community domain.

- **New Resource for Children’s Behavioral Health** – Emily Tanner Smith recommended JNAC members look at [Ballmer Institute Initiative for Children’s Adolescent Health](#) which aims to build a school-based behavioral health workforce.
- **Resources Along the Continuum** – Laura Howard encouraged leveraging resources from other Federal agencies (e.g., the Administration for Children and Families) as they have overlapping services.
- **More on Recovery Schools** – One participant asked for more information on recovery high schools which helps to address stigma.

The Center for Substance Abuse Prevention (CSAP) NAC

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

Capt. Jones noted that yesterday was his first day with the CSAP NAC. Some of the agenda discussions that the CSAP NAC engaged in include:

- Prevention opportunities during the pre-school stage
- The prevalence of other substances. While opioids have received deserved importance, alcohol, tobacco, and marijuana have high prevalence among youth
- Updates from CSAP Offices, including discussions on forward-thinking, broader intentions.
- A deep dive into public health approaches, including how to address SDOH across the prevention domains
- A discussion on how SAMHSA can influence the field. This is particularly important, because there is a lot of funding in other Federal agencies as well as out in the community.
- Defining prevention. Partners (e.g., schools, community) define it differently.

David Anderson added that the CSAP NAC also discussed policy and data issues; the use of data dashboards and SAMHSA’s 20th anniversary celebration of prevention.

JNAC members shared the following questions and comments:

- **Prevention Definition** – James Kooler noted that CSAP and CSAP use prevention differently (e.g., CSAT focused on harm reduction). However, it was also noted that treatment for parents has a prevention aspect for children (breaking the intergenerational cycle).
- **Prevention Parity** – Richard Catalano stated that prevention is often short-changed with enforcement and treatment co-opting much of the funds.
- **NIDA Prevention Science Efforts** – Wilson Compton shared that NIDA has been collaborating with SAMHSA to study how prevention services are being implemented across the country.
- **Equity** – Andre Johnson wanted more studies to be one that address the prevention needs for people of color.
- **Collaboration** – Dr. Rabadan-Diehl shared that during COVID, there was a lot of collaboration and this model should be used to address behavioral health needs. This includes developing public-private partnerships. She also noted that opioid settlement money can be used for this.

- **Family First Act** – Kathryn Icenhower shared that the [Family First Act](#) which is being implemented in every State, is focused on reducing child welfare intervention. This is an opportunity to collect data but also to leverage the community-driven systems that are being created.
- **Lack of Data on Queer Kids** – Dr. Warren requested that SAMHSA provide more data on the well-being of queer kids.
- **Climate Change Anxiety** – Dr. Warren shared that research is showing that despair about climate change is impacting on the well-being of youth. Dr. Jones shared that this was discussed during the CSAP meeting and also included the mental health impact of increased disaster. It was also noted that there is a correlation between increased heat indexes and acts of violence. And, he added, that there is a disparity in the violence disproportionately impacting minority populations.
- **Geographical Targeting** – With regard to data, Sergio Aguilar-Gaxiola requested that data be provided to the zip code level so that services can be targeted more appropriately.
- **Overreliance on Incarceration** – Ruchi Fitzgerald expressed that, while the opioid epidemic has moved to a public health approach, people of color are still being incarcerated for SUD.

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

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

Dr. Sheth shared that the ACWS agenda included the following presentations:

- The Interagency Taskforce on Military and Veterans Mental Health
- Early Diversion Efforts (e.g., away from criminal-justice involvement)
- The 988 system lens on women’s needs.
- Gender-Based Violence and implementation of the White House National Plan to End Gender-Based Violence
- The National Hispanic & Latinx Mental Health Technology and Transfer Center (MTTC)
- Updates from the Assistant Secretary
- SAMHSA’s partnership with WIC
- Maternal Mental Health and the Maternal Mental Health Report Card

During the discussions, ACWS members shared concern about homelessness for women and the maternal workforce. They also noted that women tend to have the highest caretaker burden and that providers should provide more screening and services to help those in society who are caretaking for others.

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:

- A Director’s Report as there have been a number of new hires, including in leadership roles.
- An overview of the following three policy academies: black youth suicide; county-level mapping; and support employment for transitional-based youth
- An update from the Assistant Secretary on the strategic planning process.
- A discussion of Olmstead settlements and helping States to develop Olmstead plans.
- An overview of the Office of Recovery, as well as one on gender-based violence.

Dr. Everett noted that there was a discussion around the certified community-based health centers (CCBHCs) and how they can serve to innovate, create a learning collaborative and enhance data collection. The NAC approved a formal motion to create a subcommittee focused on this.

JNAC members shared the following questions and comments:

- **Subcommittees** – Dr. Rabadan-Diehl said that she would like her NAC and other NACs to have subcommittees also. Members are interested in contributing more of their expertise to SAMHSA and this would be an approach for that. Dr. Delphin-Rittmon was open to this approach and noted that it has been done for other committees (ISMICC). Capt. Castillo shared that this approach is allowed under the FACA regulations.
- **Cross Fertilization** – JNAC members were interested in having more formalized cross-fertilization of the individual NACs, such as with workgroups.
- **Request to Participate in Subcommittee** – Robert Heinssen with the National Institute of Mental Health (NIMH) asked to join the CMHS NAC’s CCBHC subcommittee.

SAMHSA Tribal Technical Advisory Committee (TTAC)

CAPT Kari Hearod, L.C.S.W.

Co-Chair Juana Majel-Dixon expressed frustration on how the tribal community is disproportionately being impacted by the opioid epidemic as well as other behavioral health concerns. She noted that geographically, many tribes are located on borders so they also have to deal with trafficking concerns.

She reminded participants that Tribes are sovereign nations and that agreements, such as TLOA, are not be honored. She added that tribes, like States, must be able to declare a state of emergency.

Co-Chair Terri Parton then gave an overview of the TTAC agenda presentations:

- An overview of behavioral health resources for Native Americans.
- A tribal listening session on how to use \$80 million in additional funds.
- A discussion on recruitment and retention concerns.
- A summary of the harm reduction toolkit.
- An overview from the Assistant Secretary on the fentanyl crisis.
- An update of the Tribal Behavioral Health Agenda (TBHA).

During the discussion, TTAC members noted the importance of having better distribution of funds, as tribes may vary in size and some tribes are not receiving enough funding.

JNAC members shared the following questions and comments:

- **Advocating for Funds** – Cady Berkel thanked the co-chairs and added that the other NACs can also advocate for additional funding.
- **Karina Walters** – Monica Ruiz noted that [Karina Walters](#) is now the head of NIH’s Tribal Health Research Office and should be invited to the NAC.
- **Individual Meeting on Spiritual Medicine** – Dr. Majel-Dixon invited the JNAC to a September 9th meeting on Spiritual Medicine.

- **NIDA Research** – Dr. Compton shared that NIDA’s HEAL program has a component focused on Native American Research
- **Request for Tribal Representative on CMHS** – Dr. Everett shared that the CMHS NAC is interested in recruiting a tribal representative.
- **Joseph Gone** – Dr. Warren also suggested inviting [Dr. Gone](#) at Harvard, who is an expert on 2-spirits gender identity.

Integration, Long COVID

Anita Everett, M.D., Director, Center for Mental Health Services

Dr. Everett defined long-term COVID as having lingering symptoms for more than 90 days. Often these are cognitive issues (e.g., brain fog). While it has been on the decline, it is still a concern and has impacted Americans of all ages.

The White House with HHS’ Office of the Assistant Secretary for Health (OASH) convened a panel of experts and issued a paper on [Long-Term COVID](#) highlighting patient experiences. SAMHSA also has issued [a report](#) on the behavioral health impacts as a resource for providers. They will be holding a follow-up technical expert panel focused on equity issues.

Dr. Everett added that SAMHSA is working through its SSI/SSDI Outreach Access and Recovery (SOAR) program to help individuals apply and complete SSDI disability declarations.

JNAC members shared the following questions and comments:

- **Equity** – Dr. Bailey noted that underserved populations use different community approaches, and this should be leveraged. For example, African-Americans have stronger reliance on their faith communities and Tribal communities incorporate their heritage as a protective factor. SAMHSA has a convening role to elevate these cultural approaches.

Equity, LGBTQI+

Brian Altman, JD; Director, National Mental Health and Substance Use Policy Laboratory

Mr. Altman noted that SAMHSA only collects data on gay, lesbian and bisexual gender definitions in their data. However, the data is troubling:

- **Marijuana** – Sexual minority males had use rates last year that were nearly double the rates for straight males.
- **CNS Stimulants** – Sexual minority populations had nearly double the rates of their straight counterparts.
- **Mental Health** – More than half of bisexual females reported mental health concerns.
- **Suicide Ideation** – Bisexual females were six-times more likely to attempt suicide compared to straight females.

The report [Lesbian, Gay and Bisexual Behavioral Health](#) provides more statistics. He noted that beginning in 2023, the National Survey on Drug Use and Health will be collecting data on transgender and gender-nonconforming identities.

In terms of resources, SAMHSA has a [Center of Excellence](#); LGBTQI+ grants; and information (including a video story) under the FAQs within [findsupport.gov](#). There is also a specialized carve-out under 988 for individuals seeking services who are part of the LGBTQI+ community. SAMHSA also provided an emergency response grant to Colorado following the shooting at Club Q.

SAMHSA has also developed a report [Moving Beyond Change Efforts](#) which summarizes evidence-based practices to support and affirm LGBTQI+ youth and highlights the harm of conversion therapy. SAMHSA staff also played an active role in a number of Pride month activities.

In terms of next steps, SAMHSA is working with OASH to develop a transgender and gender diverse advisory group; develop more staff trainings; and expand the Center of Excellence Work. Mr. Altman then closed with a series of questions to spark JNAC Council conversation.

JNAC members shared the following questions and comments:

- **Leveraging the CCBHCs** – Dr. Michelle Reid noted that CCBHCs have to provide disparity impact statements. This can be a lever to push for providing more services, serve as a needs assessment for that community and provide data for SAMHSA.
- **Ambulatory Certification Program** – Jorge Petit shared that New York has a certification program on LGBTQI+ needs for ambulatory care providers. This might be something that SAMHSA could elevate.
- **Lack of Transgender Data** – While they appreciated SAMHSA’s current efforts, both JoAnne Keatley and Dr. Warren expressed frustration at the lack of transgender data. Mr. Altman noted that while some data had been collected in the past, it was too disparate and sporadic to make any meaningful trends.
- **Addressing State and Local anti-LGBTQI+ Legislation** – Several JNAC members asserted that the Federal government can challenge States on these detrimental pieces of legislation and encouraged SAMHSA to contact the Department of Justice on potential options. Dr. Berkel cautioned that SAMHSA should not withhold funding for these States because these are precisely the places where youth need the most resources.
Center of Excellence – Both Ms. Keatley and Dr. Berkel expressed that the Center was underfunded. For example, most of their resources are webinar/report based as they don’t have the resources to do in-person efforts. Conni Wells added that, even though she is with the NAC and has a queer daughter, she was unaware that the Center existed. Dr. Warren felt that the Center was very basic (101) which is needed but also more in-depth resources are needed.
- **Community Entities Political Balance** – Dr. Bekel noted that her children’s hospital has a program but they have had to keep it lowkey because of concern that donors will pull their funds.
- **Public Private Partnerships** – Dr. Warren suggested that SAMHSA reach out to the [Fenway Institute](#) which has a health education learning center on LGBTQI+
- **Qualitative Data** – Dr. Anderson appreciated the data report, but noted that qualitative data is important also. These are painful stories that will move people. Specifically, he said that the stories should tease out the “why” behind increased behavioral health concerns of the LGBTQI+ populations.

- **Leveraging SAMHSA Regional Administrators** – Secretary Howard noted that SAMHSA’s Regional Administrators have on-the-ground relationships and engaging them in these efforts would be strategic and allow for regional responses to the concern.
- **Social Media** – Dr. Jones stated that harms are often pointed out regarding social media, but for the LGBTQI+ youth, social media often plays a positive role in connecting them to affirming individuals/programs.
- **Parents and Caring Adults** – Several NAC members said that parents (even affirming ones) need support and education. There also needs to be caring adults and peers identified if a youth lives in a non-affirming household.

Recovery Support

Paolo del Vecchio, MSW; Director, Office of Recovery

Mr. del Vecchio noted that 59 million Americans identify as being in recovery. The Office of Recovery is nearing its first year. In addition to launching the office, SAMHSA has added recovery to its core principles and block grant and the Biden Administration has elevated peers/recovery in his unity agenda.

The kick-off for the Office was a Peer Summit last August to develop a research agenda. A key outcome of the Summit was the need to take a big tent approach by including individuals with mental health and SUD; families; and those engaged in in harm reduction.

Mr. del Vecchio then reviewed SAMHSA’s five Recovery Agenda Goals:

- **Inclusion** – There are multiple pathways to recovery, and it should be self-directed. Internally, SAMHSA aims to be a model employer by hiring individuals in recovery
- **Equity** – Recovery is for all, so there needs to be more recovery opportunities for underserved and under-resourced populations.
- **Peer Services** – The Office has developed a [National Model Standards for Peer Support Specialist Certification](#). This has been adopted by private insurers including Blue Cross-Blue Shield of Minnesota. The Office also recently convened a Peer Summit to learn more about the concerns and needs of the workforce.
- **Social Determinants of Health** – The Office has already held a technical expert panel on housing and has been working with the Office of National Drug Control Policy (ONDCP) on employment issues. They are also working on education needs including expanding collegiate recovery opportunities.
- **Wellness** – The office has held meetings on digital innovations for recovery and family caregiving needs.

In addition to the five goals, the Office also has three overarching principles: data and evidence; trauma-informed; and rights protections.

Moving forward, the Office plans to host recovery meetings in all ten regions; review and update the Recovery Oriented Systems of Care; and advocate for a 10% set-aside in the Substance Use Block Grant for recovery-based services.

JNAC members shared the following questions and comments:

- **Stigma** – Dr. Rabadan-Diehl noted that stigma is still very much an issue and that most people don't understand that recovery can include relapse. Mr. del Vecchio noted that by promoting the faces and voices of those in recovery it can help normalize that recovery is possible. He also said that youth are more open to these discussions.
- **Mental Health Recovery** – David Shern noted that even clinicians don't see mental health as having a recovery option. He cited a study related to individuals with schizophrenia in recovery and it being met with skepticism.
- **Recovery Set-Aside** – Rather than a set-aside, Dr. Kooler asked that there be additional funding for recovery rather than pulling from existing block grant funds.
- **Trauma-Informed Terminology** – Dr. Kooler shared that youth prefer terms like strength-based or healing.

Council Discussion

JNAC members shared the following questions and comments:

- **Outreach** – Dr. Anderson expressed appreciation for all the great work that SAMHSA is doing. He added that SAMHSA needs to do more to get the community and partners to become more aware of the resources as well as the strategic plan. He added the NACs have good rolodexes to help with this.
- **Communication Tools/Website** – Dr. Rabadan-Diehl requested that SAMHSA develop a PowerPoint communication kit that NAC members can use. She and others also wanted to see improvements in the website. Some of the suggestions was to provide more for families in need (e.g., what to do), and offer more primary pages in Spanish.
- **Visual Storytelling** – Several members encouraged SAMSHA to use video storytelling (e.g., sizzle reels) to promote their work as well as resources like TikTok and [ChatGPT](#). Ms. Wells added that old-fashioned media is still effective, and it is important not to use jargon.
- **Psychedelics** – Dr. Warren asked that SAMHSA explore the use of psychedelics. The research is limited, but there has been some promising results for using it as a treatment for SUD and mental health conditions.
- **Community Engagement** – Dr. Aguilar-Gaxiola wanted to see youth ambassadors and more community engagement because that is where the work gets done. Dr. Kooler added that trusted influencers (even celebrities) have been used to with impact to help with messaging around behavioral health.
- **Community-Based Research** – Drs. Catalano and Compton shared that NIDA has developed several community-based research including Communities That Care and Prospect that bring together stakeholders to build capacity for localized work. The infrastructures at many of these communities still exist as well as technical assistance on how to develop a collaboration. In addition, SMAHSA has proprietary ownership of the program. Dr. Delphin-Rittmon was interested in learning more and to see how this can be leveraged more.

Public Comment

There were no public comments.

Closing Remarks/Adjourn

Assistant Secretary Delphin-Rittmon thanked JNAC members and indicated that she will follow up on the subcommittee request as well as explore some of their suggestions (e.g., communication options and the community-based research programs). She noted that the various NACs will convene again in February 2024. She then thanked everyone for their participation and adjourned the meeting at 3:55 p.m.

Certification

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

10/25/2023

Date

/Miriam E. Delphin-Rittmon/

Miriam E. 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
Captain Carlos Castillo, CMO
Brian Altman, J.D.
Jeanne Casey M.A., MCHES
Paolo del Vecchio, M.S.W.
Anita Everett, M.D., DFAPA
Captain Jennifer Fan, Pharm.D., J.D.
Captain Karen Hearod, M.S.W., LCSW
Captain Chris Jones, Pharm.D., Dr.P.H, M.P.H.
Yngvild K. Olsen, M.D., M.P.H.
Nima Sheth, M.D.
Jared Stokes, EdD, MA, MPH, CHES
Robert M. Vincent, M.S., E.d.

ACWS

Tanisha L. Frederick
Le Ondra Clark Harvey, Ph.D.
Kathryn Icenhower, Ph.D.
Lavita Nadkarni, Ph.D.
Judge Duane Sloane

CMHS NAC

Sergio Aguilar-Gaxiola, M.D., Ph.D.
Charles Dike, M.D., FRCPsych, M.P.H., DCP,
FACHE
Anthony Fox
Michele Reid, M.D., DLFAPPA, FACPsych
David Shern, Ph.D.
Sampat Shivangi, M.D., FICS
Khatera Aslami Tamplen
Conni Wells

CSAP NAC

David S. Anderson, Ph.D.
Cady Berkel, Ph.D.

Richard F. Catalano, Jr., Ph.D.
James M. Kooler, Dr.P.H.
Sally Manninen, M.A.
Monica S. Ruiz, Ph.D., M.P.H.

CSAT NAC

Lois Jircitano, Ph.D., J.D. M.A.
Ruchi Fitzgerald, MD., FAAFP
Wesley L. Geminn, PharmD., BCPP
Tara Moseley Hyde
Jorge Petit, M.D.
Charisse Evonne Peoples, Ph.D.
Emily Tanner Smith, 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, Ph.D.
JoAnne G. Keatley, M.S.W.
Cristina Rabadan-Diehl, Ph.D.
Francisco J. Rodriguez-Fraticelli
Tracy Neal-Walden, Ph.D
Barbara E. Warren, Psy.D.
Cynthia Yue

TTAC

Beverly Cook
Juana Majel-Dixon, Ph.D.
Terri Parton
Jacqueline Platero
Nate Tyler

Ex Officios

Wilson Compton, M.D., MPE
Robert Heinssen, Ph.D.
Marsden McGuire, M.D.
Aaron White, Ph.D.