

**Joint Meeting of the
Substance Abuse and Mental Health Services Administration (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),
and SAMHSA Tribal Technical Advisory Committee (TTAC)**

February 2, 2017
SAMHSA Headquarters

In Attendance:

SAMHSA Staff:

- Mr. Brian Altman
- Ms. Deepa Avula
- Ms. Mirtha Beadle
- Mrs. Tenly Biggs
- CDR Carlos Castillo
- Dr. Priscilla Clark
- Ms. Kana Enomoto
- Dr. Anita Everett
- Ms. Frances M. Harding
- Ms. Marla Hendriksson
- Ms. Anne Herron
- Dr. Kimberly Johnson
- Ms. Daryl Kade
- Ms. Jinhee Lee
- Mr. Paolo DelVecchio
- Mrs. Rebecca Zornick

CMHS NAC:

- Ms. Lacy Kendrick Dicharry
- Mr. Paul Gionfriddo
- Dr. Wenli Jen
- Dr. Hendree Jones
- Dr. Jeremy Lazarus
- Dr. Dan Lustig
- Mr. Jeffrey Patton
- Ms. Juanita Price
- Dr. Stacy Rasmus
- Dr. Katia Reinert
- Mr. Gilberto Romero
- Mr. Jeremiah Simmons

CSAP NAC:

- Mr. Anton Bizell

- Dr. M. Dolores Cimini
- Ms. Pamela Drake
- Mr. Scott Gagnon
- Mr. Steve Keel
- Dr. Michael Lindsey
- Ms. Valerie Mariano
- Mr. Craig PoVey
- Ms. Kathleen Reynolds
- Ms. Ruth Satterfield

CSAT NAC

- Ms. OmiSade Ali
- Ms. Kristen Harper
- Mr. Andre Johnson
- Dr. Judith Martin
- Mr. Lawrence Medina
- Mr. John Paul Molloy
- Dr. Indira Paharia
- Mr. Arthur Schut
- Dr. Lori Simon
- Ms. Aisha Walker

ACWS NAC

- Dr. Shelly Greenfield
- Ms. Sparky Harlan
- Ms. Sarah Nerad
- Dr. Carole Warshaw

TTAC

- Mr. Tim Ballew II
- Mr. Anthony Francisco
- Mr. Andy Joseph Jr.
- Mr. JB Kinlacheeny
- Ms. Victoria Kitcheyan

- Ms. Juana Majel-Dixon
- Mr. Keith Massaway
- Ms. Lisa Wade

NAC

- Dr. Shelli Avenevoli
- Dr. Eric Broderick
- Ms. Ellen Gerstein
- Dr. Junius Gonzales
- Dr. Joshua A. Gordon
- Dr. Dave Gustafson
- Mr. Victor Joseph
- Dr. George Koob
- Dr. Harold S. Kudler
- Dr. Ken Martinez
- Dr. Patricia A. Powell

- Mr. Justin Luke Riley
- Dr. Gail Stuart
- Ms. Terri White
- Mr. Christopher Wilkins
- Dr. Nora D. Volkow

Other:

- Ms. Stephanie Crews, Affirma Solutions, Inc.
- Dr. Tamara Johnson, NIMH
- Dr. Cora Lee Wetherington, NIDA
- Ms. Veronica Reyes, Leed Management Consulting, Inc.
- Dr. Deidra Roach, NIAAA
- Dr. Alexander Ross, HRSA

PUBLIC AGENDA

8:30 a.m. Call to Order, CDR Carlos Castillo, Advisory Committee Management Officer

- CDR Carlos Castillo opened the meeting at 8:43 A.M. He confirmed that all board members were present.

8:35 a.m. Welcome, Introductions, and Remarks, Kana Enomoto, Acting Deputy Assistant Secretary for Mental Health and Substance Use

- Ms. Enomoto welcomed attendees and summarized observations from the previous day's meetings. New members, panel speakers, and newly ex-officio members were also introduced.
- Ms. Enomoto said the focus of the meeting was to explore how SAMHSA members are partnering with the health institutes. This includes both how to apply research in the field and what emerging trends from the field are suitable for further research. She said this meeting is an opportunity for those in the field to participate in the conversation, and let the health institutes know what they are seeing.
- Ms. Enomoto welcomed new members, including Ms. Sparky Harlan from the Bill Wilson Center, a new member of the Advisory For Women's Service Council; Justin Luke Riley, President and CEO of Young People in Recovery, Denver, CO, SAMHSA council; and Darryl Strawberry, founder of the Darryl Strawberry Recovery Center in Deland, FL (in absentia). Ms. Enomoto also acknowledged and thanked two retiring members; Ms. Sarah Nerad and Ms. Shelly Greenfield who are both stepping down from ACWS. Ms. Enomoto described both of them as outspoken advocates for women and

women in recovery. She also introduced three invited guests: Ms. Ellen Gerstein, Commissioner Terri White and Dr. Dave Gustafson.

- Ms. Gerstein introduced herself. She is from the Gwinnett Coalition where she manages a robust drug-free community coalition that deals with substance abuse, prevention, homelessness, hunger, and safety in the community.
- Dr. Gustafson introduced himself. He is a part of the University of Wisconsin's Research Center where he focuses on two activities: improving addiction treatment and computer-based systems to help people coping with addiction related issues.
- Commissioner White introduced herself. She is from Oklahoma and is the longest-serving mental health official, serving in her 11th year as commissioner.
- All attendees at the meeting introduced themselves and gave brief synopses of their respective work.
- Ms. Enomoto updated the attendees on the latest SAMHSA achievements. She expressed her gratitude for their teamwork and productivity in 2016. She also included the following highlights:
 - Surgeon General's report entitled "Facing Addiction in America" which addressed the country's opioid epidemic. This is the first of its kind.
 - Prevention Weekend in which 1,400 local town halls were hosted and 1.5 million calls were answered concerning suicide prevention and the budget.

9:00 a.m. SAMHSA Priorities and Updates Center and Office Directors

- Mr. del Vecchio, CMHS Director, welcomed Dr. Clark from the Office of Personnel Management. He reflected on the previous year and CMHS's accomplishments such as the 333 grants that were awarded nationwide. Mr. del Vecchio also said that CMHS hopes to issue 13 new grant announcements. He also reported on CMHS's current work which includes:
 - Contributing to the 21st Century Cures Act. CMHS is tasked with offering the federal government recommendations for improvements, specifically concerning the issues of increasing access to and improving quality of the healthcare our citizens are offered throughout the country.
 - Awarding grants in eight states as a collaborative effort between CMHS and the National Institute for Mental Health (NIMH). The collaboration, which is focused on mental health initiatives that address first episode psychosis, will be instituted through 250 programs nationwide and will include new work on assisted outpatient treatment.
 - Assisting communities impacted by civil unrest and connecting those patients with needed housing.

- Focusing on “jail diversion work,” which is only six months along, has seen reductions not only in criminal justice involvement but also in positive mental health markers. There have been reductions of 60 percent in arrests and 50 percent in suicide attempts.
- Ms. Harding, CSAP Director, reported on her center’s latest projects including:
 - Finalizing mandatory guidelines for the federal government’s workplace testing program. The approved guidelines were published in the federal register last week. These new guidelines enhance current testing capabilities and provide new procedures that allow for the testing of synthetic drugs.
 - Working on the 21st Cures Act and a variety of other efforts to curb prescription drug misuse and the opioid epidemic.
 - Working very closely with the Centers for Disease Control and Prevention (CDC) to build infrastructure and share data.
 - Presenting 25 grant awards, of approximately \$400k each, to be disseminated over a five year period.
 - Collaborating with CMHS to handle tribal behavioral health grants that address substance abuse. Both Centers have given out 70 awards of about \$200k each, to be disseminated over a five year period.
 - Sponsoring a new education campaign of multiple media ads designed to help parents in their role of helping their children avoid using alcohol.
- Dr. Johnson, CSAP Director, reported on the latest projects including:
 - Raising the cap on the number of patients for whom doctors can prescribe buprenorphine to 275 through the passage of the Comprehensive Addiction and Recovery Act (CARA), which also allows nurse practitioners and physician’s assistants to prescribe it. Also working on how to implement CARA, which includes creating training requirements and offering training.
 - Working on the 21st Century Cures Act and getting the corresponding funding announcements out after the law was signed. Applications for states needs assessments are due February 17.
- Ms. Enomoto clarified that the corresponding rules are still under review.
- Ms. Kade, CBHSQ Director, reported that CBHSQ has established a national registry of effective programs. It has so far reviewed 132 programs (72 new programs and 59 legacy programs).
- Ms. Avula, OFR Director, reported that OFR had a successful 2016, including successfully awarding 800 new grants.
- Ms. Hendriksson, OC Director, provided highlights which included:

- Consolidating 80 external websites into one.
 - Garnering press mentions in more than 5,000 media articles that covered SAMHSA’s work in the last year.
 - Working on a social norms program as part of the Prevention Approaches initiative.
- Ms. Herron presented information on behalf of the Office of Policy, Planning and Innovation and Monica Feit. Some of its current priorities include:
 - Working with veterans through the Department of Defense with a focus on the specific behavioral health needs of service members and their families.
 - Hosting a virtual implementation academy.
 - Creating suicide prevention best practices.
 - Sponsoring tobacco use and smoking cessation initiatives.
 - Finalizing the post of the Chief Medical Officer (CMO) held by Anita Everett as required by the 21st Century Cures Act.
 - Ms. Enomoto spoke on behalf of Mr. Mike Etzinger. SAMHSA is placing increased emphasis on internal administration efficiencies and handling the current freeze on federal hiring which affects an estimated 60 positions.
 - CDR Castillo updated the council on future meeting dates and asked the attendees to update the group on each of the committees.

9:30 a.m. Advisory Councils Updates

- Attendees introduced themselves and reported on each council’s respective news.
- Mr. Simmons reported on behalf of NAC. The committee discussed issues related to science-to-service, implementation of a public health approach, infrastructure, and capacity-building grants. In particular, the group discussed:
 - Access and outcomes and how best to work with all of the centers, while improving accountability, and defining outcomes for behavioral health and for prevention and treatment. For instance, defining recovery in the National Survey on Drug Use and Health (NSDUH).
 - Grants, like the ReCast grants, that are whole-community focused and integrate social determinants. Mr. Simmons said there was a focus on using a multi-sector approach, specifically concerning public health’s role in suicide prevention. The committee said that the ReCAST grant’s specific usage of the terms “racism” and “police brutality,” which were written into the Funding Opportunity Announcements, was an important way of validating the community’s experience.
 - The use of the “zero suicide approach within health systems,” to evaluate what could decrease completed suicides. The committee would like to better identify what may lead communities to engage or not to engage with youth.

- The committee spoke of mental health block grants, specifically concerning first episode psychosis, and trying to define what doesn't work, who it doesn't work for and why. The committee is trying to define benchmarks, to clearly define what progress looks like and how to turn these findings into actual clinical impact, and develop a planned structure for that. The committee spoke of the Demonstration 223 and expanding the utilization of evidence-based treatments to focus on whole person care, specifically in rural centers.
 - The committee discussed science and service, and how to build better evidence and to learn from findings when working with small samples and the CMHS claims datasets.
 - The committee spoke on policy and legislation, where they have seen significant reform, which has repositioned behavioral health. The members encourage more strong collaborations to think about further upstream causes and to pay attention to unintended consequences from the new legislation that might create or worsen existing health disparities and limit efforts to increase health equity.
 - The committee discussed the Surgeon General's report. They discussed how to amplify the report's reach and how to create effective amplification in order to make it more consumable by the public.
 - Departing members Lacy Kendrick, Juanita Price, Paul Gionfriddo, Jerry Lazarus and Gilberto Romero stressed the need to continue highlighting the youth voice and advocate on their behalf.
- Ms. Reynolds updated the attendees on the discussions held with CSAP which included:
 - Crosscutting issues and how the landscape of prevention is changing, and how to prepare the prevention workforce of the future to adjust to that landscape.
 - How opioid issues are changing prevention. For instance, Ms. Harding mentioned that there has been a major model change that now allows prevention grants to purchase medications like naloxone. The face of addiction has also changed, and there needs to be a different way of thinking about folks who need addiction help and prevention services.
 - The workforce of the future, which may need prevention generalists and specialists, and the core prevention skills everyone will need. There are currently two subcommittees, one on growing the prevention workforce and the other in credentialing the workforce. Prevention services build on the continuum of services with partners in order to build capacity across systems in a comprehensive approach to addiction.
 - The committee's next steps include a phone call with the full NAC to discuss the increased complexity and additional demands on current preventionists and a proposed symposium in June, in Texas. The symposium will review prevention in substance use, mental health, public health, and primary care, and create common descriptions of prevention while identifying the core knowledge needed.
 - Ms. Harper updated everyone on CSAT's topics of discussion which included:
 - The Surgeon General's report, for which the committee thanked SAMHSA and the other collaborative agencies that worked on it. CSAT members were

particularly happy that strengths-based language was used, and that neurological science was included, as was those with lived experience.

- CSAT learned from Ms. Laurie Krom’s presentation on innovation science, how it will affect the National Registry of Evidence-based Programs and Practices and evidence-based practices with Addiction Technology Transfer Centers.
 - The committee discussed evidence-based treatments and potentially harmful treatment processes.
 - CSAT had a conversation with Ms. Enomoto, which included topics such as evidence-based practices in treatment settings, minority and diversity issues, lack of funding for research, analytics to track effectiveness in treatment, and recovery support services.
 - The 21st Century Cures Act, as it relates to the opioid epidemic. Ms. Harper stated that the opioid epidemic is having an impact now because it is affecting people who are more recognizably like the people who make the decisions. However, CSAT understands that the epidemic has been around for a while, and would like to make sure that minorities and the socially economic disadvantaged are included in the conversation going forward.
 - Technology-assisted care was discussed, specifically with regard to inconsistencies around various data collecting systems that need to be updated, and the need for a streamlined approach to patient information tracking, sharing, and upholding privacy regulations.
 - Ms. Harper extended thanks to Ms. Johnson for her leadership and organization, which has allowed for consistent collaboration between the group and the Center.
- Ms. Majel-Dixon reported on behalf of TTAC. She said the committee discussed TTAC’s most urgent priorities:
 - Ways to maintain the sovereignty of tribal nations and strengthen the government-to-government relationship necessary to have a functioning public health system. She also addressed pertinent issues related to national security as well as public safety that are important for tribes along the U.S. border.
 - Concerns about vacant SAMHSA positions, critical grant funding, and service supports that tribes need. TTAC shared information on tribal nation issues with the transition team and would like to know how to address the hiring freeze and maintain the public safety net.
 - Border issues are troubling TTAC’s “medicine people” who have relatives across the border. The committee is asking for collaboration between countries and tribes to solve these issues.
 - The suicide epidemic. Ms. Majel-Dixon said, “We are still an invisible people to this country.” She reported that tribal nations are facing suicide clusters. This has affected tribal assets. Mid-level expertise, personnel, and behavioral health therapist teams are urgently needed to come to Indian Country and Alaska to spend dedicated time to effect change. Dedicated teams to work through these crises and collectively address the problem might have a greater success. The committee believes a grant will not work to address the problem.

- The trauma experienced as a response to Dakota Access pipeline, in the Baaker region, and the violence towards women and youth is very real. Ms. Majel-Dixon expressed, “They are killing us and no one says anything. Our grandmothers are being beaten. Our children are being harmed and taken. Our women are being trafficked. Nobody sees it. We’re that invisible.”
 - TTAC recommends sending tailored response teams to the affected areas that address medical, mental health, substance misuse and trauma to victims, right now.
 - The repeal of the Affordable Care Act and its detrimental effects on tribal societies and SAMHSA programs. Tribal leadership wants to work with SAMHSA, and asks that states notify tribes when funding is available, as well as the steps to follow to obtain funding, and the names and numbers of state to contact. Additionally, the committee recommends that tribal representatives participate in the actual development of the grant application to ensure tribal societies benefit from the block grant processes. TTAC would also like to be a part of the process of notification for future budget planning.
 - Ms. Majel-Dixon reported that SAMHSA funding for tribal nations and the distribution of funds across programs, was discussed. Ms. Majel-Dixon said that tribal leaders within regions must be honored, as they are the best person to determine what their region needs.
 - Human trafficking issues. Ms. Majel-Dixon reported that their children are being used as mules at the borders (she believes there is Russian cartel involvement). However, she stressed that this is not just “an Indian thing,” as all children, particularly those near the country’s borders, are vulnerable as well. The task force created by President Obama, the Canadian prime minister, and the Mexican president needs to be built upon. The number of children being trafficked has increased everywhere, particularly along corridors between tribal territories.
 - The National Tribal Organization roundtable discussions with Ms. Enomoto last year. TTAC would like to follow up on the priorities discussed. Ms. Majel-Dixon said it was a great opportunity to have tribal representatives speak.
 - Issues must be addressed together, in a respectful manner, and with due diligence. TTAC asked that the tribes affected by border issues be a part of the conversation. The incidence of murder, drugs, rape and trafficking has increased, as has trauma and violence. TTAC also asked that SAMHSA consider sending a team to affected areas to address needs.
- Ms. Nerad summarized the discussion from the previous day’s ACWS meeting which included topics such as:
 - The National Institutes of Health (NIH) Women’s and Girl’s Research Agenda and the need for SAMHSA to collaborate more often in research.
 - The specific need for the incorporation of sex as a biological variable in all research and the many ways that this variable can be utilized to enhance evidence-based practices and programs.
 - The Medicaid Institutions for Mental Diseases exclusion, around which there was a heated discussion.

- CDR Castillo asked the attendees if there were any questions. There were none posed and a break was taken before the next session.

10:30 a.m. Translating Science to Service (and Back Again)

Panel Discussion with NIH's National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), and NIMH.

- Panelists:
 - Patricia A. Powell, Ph.D., Acting Deputy Director, NIAAA
 - Nora D. Volkow, M.D., Director, NIDA
 - Joshua A. Gordon, M.D., Ph.D., Director, NIMH
- The panelists were introduced by Ms. Kade and Dr. Everett.
- Dr. Powell's presentation was entitled: "NIAAA Update: Priorities Going Forward." Some highlights of her presentation included:
 - Cost and scope of alcohol-related problems: Approximately 88,000 people die annually from alcohol-related causes in the U.S. Half of all liver disease is attributable to alcohol misuse in the U.S. There has been an increase in emergency room visits and hospitalizations related to alcohol in the last 10 years. Less than 20 percent of people with an alcohol use disorder get treatment. Only 10 percent get any type of pharmacotherapy.
 - The Surgeon General's Report on Alcohol, Drugs and Health: NIAAA and NIDA played key roles in developing the first-ever Surgeon General's report to address alcohol, substance misuse, and substance usage disorders. It focused on neurobiology, prevention, treatment, recovery and delivery of care. It also outlines future directions and recommendations for action.
 - NIAAA's new online treatment navigator: The new navigator will assist people in finding Alcohol Use Disorder treatment.
 - Opportunities for collaboration:
 - The HBO Documentary, *Risky Drinking*, was produced in conjunction with NIAAA and featured NIAAA experts. There is an opportunity for SAMHSA and NIH to host screenings and discussion panels.
 - Prevention: College Alcohol Intervention Matrix is an interactive, user-friendly decision tool to help colleges and universities select appropriate strategies to meet their intervention goals.
 - Prevention via Screening and Intervention: The results of proper screening and counseling rank preventive services among the 25 most effective services. There is an opportunity for SAMHSA and NIH to make training clinicians to diagnose and address alcohol and other substance use disorders a priority.
 - The Wearable Alcohol Biosensor was developed by BACtrack, as a portable means of measuring the wearer's blood alcohol levels through

- sweat. The NIAAA has issued a second challenge to inventors to create wearable technologies that measure alcohol directly in blood or fluid.
- Research:
 - The National Consortium on Alcohol and Neurodevelopment in Adolescence is an ongoing multisite longitudinal study of more than 800 youth aged 12 to 21 using advanced brain images and other tools.
 - A longitudinal study is being conducted on about 10,000 children aged 9 to 10 and following them through early adulthood to assess factors that influence individual brain development trajectories and functional outcomes.
 - NIAAA Strategic Plan: 2017-2021:
 - Identify mechanisms of alcohol action, alcohol-related pathology, and recovery.
 - Improve diagnosis and tracking of alcohol misuse, alcohol use disorder, and alcohol-related consequences.
 - Develop and improve interventions to prevent alcohol misuse, alcohol use disorder, and alcohol-related consequences.
 - Develop and improve treatments for alcohol misuse, alcohol use disorder, co-occurring conditions, and alcohol-related consequences.
 - Enhance the public health impact of NIAAA-supported research.
- Dr. Volkow’s presentation was entitled: “Drug Use and Addiction Research: NIDA Update.” Her report included the following:
 - Children and adolescents are among the most vulnerable populations for addiction and its repercussions. There has been a decrease in the number of children and adolescents abusing substances, but the catalyst for this decrease is unknown. Dr. Volkow said she hopes to study what has naturally led to the decrease in substance usage to continue it and possibly replicate it in other populations in the future. In 28 states and Washington D.C., there have been no increases in regular marijuana use among teenagers, and significant decreases in use among those aged 18 to 25 years old.
 - The committee is just beginning to see the full impact from the opioid crisis and the overdose deaths that have become endemic. As of 2015, 31,000 individuals died from an opioid-abuse-related-overdose. These numbers have skyrocketed since.
 - According to Dr. Volkow, recent scientific work that improves public health is properly put into practice. These methods include ways of improving overdose treatments via naloxone, improving addiction treatments via extended release medications, and improving addiction treatment by implementing medication-assisted treatment programs.
 - Dr. Volkow reviewed the current NIDA/SAMHSA collaborations which include: partnering on creating a strategic framework for the evaluation of addiction and recovery, criminal justice programs, and rehabilitation to develop more successful interventions among vulnerable populations; training physicians on proper

assisted-use therapies, and working to better enmesh research and public health field workers to decide what practices might have the greatest success.

- Dr. Gordon's presentation included:
 - Discussion of the relationship with SAMHSA and NIMH is an important element in the betterment of patient care on a widespread level. The mission of NIMH is to transform the understanding and treatment of mental illness through research, and to pave the way for prevention and cures.
 - Currently, NIMH's basic objectives are:
 - Increase the diversity of research opportunities with short and medium timeframe work.
 - Define the basic mechanisms of complex behaviors that are relevant.
 - Chart mental illness trajectories to determine when, where, and how one might intervene with best results.
 - Strive for prevention and cures.
 - Strengthen the public health impact of our NIMH research.
 - Dr. Gordon spoke of NIMH and SAMHSA's plan to collaborate around the issue of first episode of psychosis, which is a tremendous public health issue. One percent of the national population has schizophrenia, and research confirms that the sooner those affected get treatment the better chance they have of a successful outcome.
 - Dr. Gordon also reported that coordinated specialty care has been found to be not only effective in lab settings, but in the real world as well. Currently, his team is seeking a means of implementing these learnings on a broad scale (through a program called Recovery After Initial Schizophrenic Episode (RAISE)). Dr. Gordon explained this is a concerted and collaborative effort between SAMHSA and NIMH. The partnership has resulted in congressional funding to clinics around the country.
 - Dr. Gordon would like to see partnerships like RAISE expanded, particularly in two areas:
 - Early intervention: Focusing on youth who are at a high risk for developing schizophrenic disorder. There is evidence that if the committee can find them before their first episode, the committee can develop strategies for preventing or reducing harm, and reducing time to first treatment.
 - Suicide prevention: Within the increase in deaths due to overdose, deaths due to suicide are also increasing, and have been rising for the last 10 years, creating an epidemic of deaths by suicide. Dr. Gordon said that more people die from suicide than homicide. NIMH has funded studies that have shown that with proper screening, these suicides can be dramatically decreased.
- Dr. Simon asked if there were any new psychiatric drugs expected. She believes it is important for researchers to reach out to clinicians who are dealing with patients, as there is a lot of information to be gained.

- Dr. Gordon said that the pharmaceutical companies have been leaving the psychiatric space in the last decade. However, he believes that there are some clinical trials, like those on ketamine, which may have some promise in depression and some drugs for psychosis that are in early development. In the meantime, Dr. Gordon is trying to do research to identify targets to do at NIMH and in collaboration to develop new medications. Concerning outreach providers, Dr. Gordon said that it is a good point, and researchers should be aware of the potential benefits.
- Dr. Volkow echoed Dr. Gordon's point and mentioned the only two new products that have emerged in the last 10 years are naltrexone, Vivitrol and buprenorphine. There is another new medication targeted for opioid-induced withdrawal, but it cannot be mentioned in an open forum.
- Dr. Cimini said that she was delighted to hear about partnerships that are being fostered between SAMHSA and NIH. She cited her positive experience of a partnership with the University of Washington researchers around college-aged drinking, and asked if there has been any thought of partnering researchers in mental health and substance abuse prevention treatment in communities that are struggling with these issues.
- Dr. Powell said that she recognizes the value of these partnerships. She expressed that NIAAA created a college intervention matrix and there is a web-interactive tool to encourage people who have implemented interventions. This might be one way of partnering with people who have used their research.
- Dr. Gordon elaborated on the topic and said that ideally, SAMHSA-established RAISE clinics would be entered into a network that was used by the NIH, so that there would be a two-way street of science-to-service and service-to-science communication.
- Dr. Volkow commented that with their clinical trials network blending initiative, they are working with the implementation of evidence-based interventions, predominantly for treatment or prevention into the community, through SAMHSA. New partnership with SAMHSA and the CDC concerns the question of how community programs can be utilized to address the needs of rural health. This was launched in the Appalachian region specifically to target research needs and solutions for that rural community, which has been devastated by the opioid crisis and high rates of alcohol use disorders and tobacco smoking.
- Dr. Kudler, Chief Consultant for Mental Health Services for the Department of Veteran's Affairs (VA), said that the veteran population would be an ideal one to study given its wealth of health records. He said that there are over 60 million veterans under their care, and one in four have a mental health diagnosis. The VA has 20 years of electronic health records, with a concentration in rural and tribal populations. In particular, Dr. Kudler said he would love to partner with other research organizations to study substance use disorders. He said that they have successfully decreased the number of veterans on

opioids, and hopes that the future will allow the VA to fully partner with research scientists and to function as a test bed.

- Dr. Gordon said that they have partnered with the VA around suicide prevention and stratification. He said he liked the idea of working with the VA's genomes data. Dr. Kudler agreed and said that the database could be used to "run the clock backwards" and locate indicators as to who might be at risk, and pair those individuals with special intervention. Dr. Volkow said it was a particularly interesting premise given the size of the VA's database, which is unique in that it also includes data related to substance abuse disorders. Dr. Powell added that it would also be valuable to be able to see the various side effects and successes of treatments, and possibly expand the collaboration to include post-traumatic stress disorder and alcohol.
- Dr. Martinez said he was concerned that because of the legality of marijuana nationwide, safeguards are not being implemented for the developing brains of adolescents. Dr. Volkow said that safeguarding children and adolescents is a priority because she does not want "what happened with tobacco, where so many people died before we implemented laws," to happen with respect to marijuana. She believes there is an opportunity to see how prevention has been able to produce significant reductions in marijuana usage.
- Dr. Powell said that another future aim is to define what recovery from addiction looks like. She expressed the following questions: What happens once patients leave a 28-day recovery program? What does their life look like going forward?
- Mr. del Vecchio said that SAMHSA is dedicated to maintaining ongoing communication, and he will be scheduling regular times to convene and collaborate through Dr. Gordon, as part of a new interdepartmental focus on serious mental illness. Dr. Kimberly Johnson and Ms. Harding agreed about the importance of the "service to science" feedback loop, and spoke about the need to free up resources to make this communication a consistent practice. Ms. Harding said that, for instance, she suspects that her colleagues are doing great work across the spectrum of opioid and suicide, but she is not familiar with what projects they are currently working on and how they might fit with other projects.
- Dr. Gustafson mentioned that he has witnessed a significant reduction in drug and alcohol use in teenagers. He asked how the health community might extend this positive trend as opposed to focusing on how to create it in successive generations. Dr. Volkow agreed and said that one hypothesis of this reduction is via the reduction of tobacco smoking – which has been reduced by more than 50 percent in five years thanks to aggressive education. Dr. Volkow said that nicotine use is a gateway drug, as it enhances the rewarding effect of other drugs and creates a compulsive pattern of drug use. Dr. Volkow said there's also been a major change in the landscape of how teenagers interact with one another, as they're spending less time one-on-one, and drug usage is often related to peer pressure situations.
- CDR Castillo wrapped up the discussion, gave instructions for lunch and breakout groups, and then dismissed the attendees.

3:00 PM Report out from Breakout Groups

Facilitator: Dr. Feit

- CDR Castillo reconvened the meeting at 3:07 PM.
- Ms. Nerad reported the findings from the Under-age Drinking Breakout Group. Highlights of the discussion included:
 - Different alcohol issues are experienced across the lifespan, but all too frequently, the focus is solely on adolescents and young adults. Currently, clinicians do not typically talk about underage drinking with their patients. There are opportunities going forward to include pertinent research questions from the field that need to be addressed.
 - Getting the word out on college campuses about concerns and treatment options is a challenge. Some ideas to address this include: working with advisors/ counselors to be trained in motivational interviewing; screening students appropriately for risk; identifying possible change agents on college campus; utilizing student leaders by working with them rather than for them or to them; and using the Greek system and things that have worked well there.
 - Researchers should investigate why some young people choose not to drink until they are 21 years old. What protective factors do they have in their life?
 - Looking at the gaps of support from middle school to high school to college – there are key transition periods, what work can be done there?
 - Other problems that need to be addressed include affluent communities not wanting to address the underage drinking problem; Native youth and utilizing some of the model strategies that can be aligned with tribal nations, analyzing what works with them and what they need; and keeping in mind that rural areas do not have the same service providers.
- Ms. Herron asked if any members would like to add anything, or if there were any questions from the group at large. There were neither. She then invited Ms. Kitcheyan to speak.
- Ms. Kitcheyan reported out from the Medication-Assisted Treatment and Naloxone Group.
 - She said that the breakout group’s discussion began by addressing the question, “What are the gaps and barriers in overdose prevention education and naloxone provisions?” Responses included:
 - A lack of detox services in many tribal communities is creating a huge barrier even to begin an addiction treatment program. Additionally, the extended time frame to begin treatment is causing stress on users and their families.
 - Currently, the reimbursement process for treatment is flawed. There is not a strong enough mechanism for service providers to take on patients if

those patients may have an issue with reimbursement. As a result, they often do not.

- Education is lacking for all stakeholders – for the patient, the family and the community – which decreases the likelihood of “buy-in” on treatment and services from the community. Key decision makers lack awareness and knowledge on the issue.
 - Legislative support in some areas is lacking, and some patients do not have a legal pathway to seek these drugs, which is a problem that needs to be addressed state by state. In areas where they do have access, there are issues that compound program issues, and it is difficult to get through these without legislative support.
 - In Colorado in particular, there is a problem with the marijuana industry. There has to be a social services element. For instance, are the children being harmed? With these advancements in medicine, are we preparing our providers?
- Ms. Kitcheyan reported that they also discussed concerns related to the workforce and advances in medicine. The group had questions as to how we are preparing providers and professionals that will implement changes in the medicinal landscape.
 - Their group believes that there are lessons that can be learned from “rolling out the methadone” for heroin. It needs to be popular and profitable in order to administer this medication and these programs.
 - Ms. Kitcheyan reported that major pharmaceutical companies who are responsible for this medication should consider paying for it. There needs to be legislative support and discussions at local level. It is a huge issue and there are entities responsible, and they should play a role in fixing it.
 - The group discussed how this epidemic is often compounded by multiple ailments, such as alcoholism, in addition to opioid addiction. The patient may only be eligible for X treatment, but also have Y and Z ailments. It needs to be discussed if there are other ways to approach these agencies and support services without ignoring issues.
 - Ms. Kitcheyan’s breakout group discussed addiction root caused analysis, specifically, “Are we going to continue to treat a chemical with a chemical? Are there community-based solutions?”
 - They suggested mobilizing pharmacists, as they have regular access to patients.
 - Ms. Kitcheyan summarized that her group’s discussion came down to access to care, education, and legislative support.
 - Ms. Kitcheyan concluded by reporting that more studies are needed to make their work in this space more effective and efficient. Some of the communities are being held to unrealistic standards. She believes it is not right to hold rural communities to the same standards as urban communities as it is not an apples-to-apples comparison.
- Dr. Warshaw indicated that there is a difference between people in urban settings who use wrap-around services and individuals in rural areas who only have access to one

service option. How do you build out something that has all the layers of care, and make it accessible?

- Ms. Majel-Dixon reported out from the Suicide Prevention Breakout Group. She said their discussion included the following topics:
 - The rate of suicides has substantially increased.
 - What can be done on the prevention side? There are still gaps of information, but we have more knowledge than we did 10 years ago. What would make a difference?
 - What intervention steps can be taken? Ms. Majel-Dixon mentioned that one tribe had to call a state of emergency twice for their people because of the suicide clusters.
 - There is a lack of both quality and quantity of healthcare in tribal lands in particular. The per capita rate for healthcare allotment is less than that of an average inmate. It is important for SAMHSA to address the lack of service providers. The size of the tribe should have some impact on the amount of healthcare services allocated. Ms. Majel-Dixon suggested writing a joint letter, by the NACs, to address this concern.
 - The current measures of suicide risk are not helpful for intervention. Suicide ideation, while a measure, is often “too late of a stage” to enact impactful intervention. Should there be more data points, including first manifestation of suicide?
 - Often other markers such as sleep and attention issues should be factored in to identifying high-risk individuals. In addition, particularly with regard to tribal populations, measures of suicide risk should include social frustration, isolation, indignity of their people, and all the cultural factors that create social apathy and a lack of purpose.
 - Ms. Majel-Dixon said that they must have a willingness to speak positively to young people, to say, “Hey, I love you.” These positive re-affirmations are important, and will have a positive impact.
 - Ms. Majel-Dixon noted that the rate of suicide that is increasing substantially is suicide among two-spirited people. She attributed this to the hostile environment and messaging around members of the lesbian, gay, bisexual, transgender, and questioning community.
 - The importance of tailoring health care to include culturally appropriate interventions, and recognizing that one size does not fit all. Spiritual wellness is a part of a human being’s wellness – it is an important part of health. Ms. Majel-Dixon encouraged everyone to be open to the fact that the way in which you practice might not be the method that works for everyone. It often may be more helpful to find someone who lives and breathes the community, and have them incorporated into care for people who need support.
 - Lack of care can contribute to suicide as well. Individuals who may not have suicidal ideation, but need care and not get it may then turn to suicide as a last resort. For instance, individuals who have experienced trauma or are in abusive relationships may turn to suicide when they do not receive the support they need.

- Other measures of suicidal risk, such as depression or lack of energy, need to be studied. People sometimes do not qualify for treatment because they do not have specific markers.
 - Ms. Majel-Dixon said that they learned of ways in which veterans are countering suicidal risk, particularly through peer-to-peer programs. She said that there were important lessons that could be applied to other high-risk communities.
 - At the most basic level, tribal leaders are sorely in need of funding. The risk of suicide is a result of many factors, one of which is the ways in which their culture is dismissed, not honored, and their children are misread and not appreciated.
 - Ms. Majel-Dixon mentioned that their children are being used as drug mules, though this is not solely an Indian problem. She said San Diego is the number one city for trafficking. All of these traumatic experiences and factors have contributed to the increase in suicide.
 - When considering science to service and back again, there is a lack of helpful, qualitative data post-suicide. What do we know? What can we learn from what we have seen? A psychological autopsy is necessary. Ms. Majel-Dixon suggested the attendees re-look at data that has been gathered thus far.
 - She mentioned that she believes the NIMH's work with social minorities will make a difference.
 - Ms. Majel-Dixon stressed that currently "our children," those of tribal communities, are invisible to this country. Their culture is not being celebrated and it is necessary to have a conversation about ways to remedy this. From a public health approach, social activism, how do we arm our societies with knowledge? What are some tools we can work with? What are some community mobilization models that will effect positive change in our communities? She said one suggestion was to have activities and regular benchmarks you can celebrate within and for the community.
- Ms. Enomoto thanked everyone for participating. She said she would like to challenge everyone to think about what he or she has learned, and how to apply the lens of science-to-service and back again.
 - Dr. Jen said that the committee should look at the positive aspects, what has worked, what protective factors have been utilized for youth, and study the youth who do not consume alcohol. By studying why some people delay drinking alcohol, the committee might be able to analyze what works and use it to inform best practice.
 - Dr. Simon asked if they could analyze through retrospective studies of those who committed suicide, using not just statistical data, but more qualitative data to understand the patients' lives, what help they got and what help they did not get.
 - Ms. Kade reported that with NSDUH, from a survey point of view, it has been very challenging to think about what questions can be added to better analyze these topics. Discussions have been focusing more on a longitudinal study to find

out factors contributing to success at different stages; it is more of a treatment cycle.

- Ms. Price said that there are opportunities to do this sort of analysis by integrating technology. For instance, there are armbands that can determine alcohol levels through sweat; how can we incorporate that into practice. She recommended the use of telepsychiatry, which is used in her own agency, but there are difficulties in getting insurance reimbursement. It offers particular possibilities about reaching the younger generation, which is more comfortable with the necessary technology.
- Dr. Kudler said that contrary to typical disease treatment, addicts are people who have diseases but do not feel sick. However, there needs to be more communication around what can be validated, measurable, and how it links to recovery.

Public Comment

- Ms. Enomoto checked the conference line for any public comments. CDR Castillo reported that there were none.

Closing

- Ms. Enomoto closed the meeting by thanking the consultant teams and all members. She said that although SAMHSA will pivot and go through some changes, she feels as though the agency is armed with strength and support. Ms. Enomoto said that SAMHSA is ushering in a new era of collaboration between SAMHSA and NIH.
- Ms. Enomoto said that the next meetings would most likely be held on August 23, 2017, until August 25, 2017. She and other members brought up possible topics to discuss during the meeting including:
 - Faith, culture and spirituality, and ways of linking resilience and recovery.
 - Community data and what can be done on the community level to better tailor programs. (Ms. Kade)
 - Resiliency, specifically how do family, spirituality and cultural aspects help to promote resiliency, versus technology and innovation; and how does health integration help community resiliency in terms of sustainability. (Dr. Wenli Jen)
 - Tribal exemptions to the changes in the administration on the military, national security, and public safety. Protect the things that the tribal communities have been doing. Expressed the desire to have a follow-up conversation on the topic. (Ms. Juana Majel-Dixon)
- Ms. Enomoto thanked everyone for their support and said she appreciated them

all being champions of SAMHSA and its mission. She announced that the next day, NAC will do a deep dive into the 21st Century Cures Act, and that Congressman Tim Murphy would be joining them via videoconference. Ms. Enomoto expressed that it will be a NAC meeting however, and other members are welcome to join in the audience.

- CDR Castillo adjourned the meeting at 4:41 p.m.

Date

/Kana Enomoto/
Acting Deputy Assistant Secretary for
Mental Health and Substance Use