

**73rd Meeting of the  
Substance Abuse and Mental Health Administration (SAMHSA)  
National Advisory Council (NAC)  
April 27, 2023  
DRAFT Meeting Summary**

**NAC Members:**

Tina Atherall, M.S.W., D.S.W.  
Laura Howard, J.D.  
Rahn Kennedy Bailey, M.D.  
JoAnne G. Keatley, M.S.W.  
Andre Johnson, B.A., M.A.  
Cristina Rabádan-Diehl, Pharm.D., Ph.D.,  
M.P.H.  
Francisco Rodriguez-Fraticelli  
Allan Tasman, M.D.  
Barbara Warren, Psy.D.

**SAMHSA Staff:**

Miriam Delphin-Rittmon, Ph.D.  
Assistant Secretary  
Brian Altman, J.D.  
Melinda Baldwin, Ph.D., L.C.S.W.  
Capt. Carlos Castillo  
Christine Cichetti

Tom Coderre  
Anita Everett, M.D.  
Neeraj “Jim” Gandotra, M.D.  
Sunny Patel, M.D., M.P.H.  
Carter Roeber, Ph.D.

**Ex-Officio Representation:**

Marsden H. McGuire, M.D., M.B.A.,  
Department of Veterans Affairs  
Robert Heinssen, Ph.D., on behalf of Joshua  
Gordon, M.D., Ph.D. National Institute of  
Mental Illness  
Jennifer Hobin, Ph.D., National Institute  
on Drug Abuse (NIDA), on behalf of Nora  
Volkow, M.D.

**Guests:**

Juana Majel Dixon, Ph.D.

**Call to Order**

SAMHSA’s National Advisory Council (NAC) came to order on April 27, 2023, at 10:01 a.m. The NAC was conducted in a hybrid format. The NAC began with a Dakota blessing. The members in attendance constituted a quorum.

**Welcome, Introductions, Opening Remarks**

Miriam Delphin-Rittmon, the Assistant Secretary for Mental Health and Substance Use, welcomed NAC members. Three new members then introduced themselves:

- **Tina Atherall** – Dr. Atherall is the CEO of a nonprofit that works primarily with military and veterans.
- **JoAnne G. Keatley** – Ms. Keatley is Director Emeritus for the Center of Excellence for Transgender Health at the University of California, San Francisco.
- **Andre Johnson** – Mr. Johnson is a person in long-term recovery. He is the President of the Detroit Recovery Project which is one of the first independent recovery programs in Michigan.

Assistant Secretary Delphin-Rittmon then expressed her gratitude to Allan Tasman who is rotating off the NAC.

### **Consideration and Approval of the August 10, 2022, Minutes**

There were no edits to the August 10, 2022, NAC summary. It was motioned for approval and seconded.

### **SAMHSA Updates and Recap of the JNAC<sup>1</sup> Session**

Assistant Secretary Delphin-Rittmon provided a review of SAMHSA's priorities from its strategic plan. She noted that workforce was originally a cross-cutting principle but has now been categorized as a core priority, given the sense of urgency and challenges in addressing this concern. She noted that this modification will allow SAMHSA to dedicate more resources to addressing the workforce shortage.

Other salient points update she shared include the following:

- **Harm Reduction** – SAMHSA is focused on a naloxone saturation tactic and is also looking at the field for other innovative and community-based approaches. The removal of the X waiver for medication-assisted treatment (MAT) is another example of expanding overdose prevention services.
- **Suicide Prevention and Crisis Care** – While last year was focused on the launch of 988, the effort is now focused on increasing awareness of these services. SAMHSA has a partner toolkit to assist State and community entities. With regard to suicide, SAMHSA will be convening a policy academy focused on young African Americans risk for suicide.
- **Certified Community Behavioral Health Centers (CCBHCs)** – Currently, there are over 500 centers which aim to facilitate a no-wrong door approach towards meeting the needs of individuals with behavioral health conditions.
- **Peer Recovery** – SAMHSA will soon release its plan for peer recovery standards.
- **The Tribal Behavioral Health Agenda (TBHA)** – SAMHSA is working with tribes to update the TBHA which is a collaborative tribal-federal blueprint for improving the behavioral health of American Indians and Alaska Natives.

The Assistant Secretary also noted that there is an internal initiative (SAMHSA Strong) to increase staff engagement, agency, and voice within the Administration.

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<sup>1</sup> The Joint National Advisory Council (JNAC) session occurred the day earlier. Advisory Councils included the following: 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.

## Discussion

The NAC members then provided some reflections on SAMHSA's updates and the discussions during the Joint National Advisory Council (JNAC) session the day before.

- **Staying Connected** – Assistant Secretary Delphin-Rittmon noted that there seems to be enthusiasm to continue to find ways to keep connected (e.g., a coffee hour with the JNAC). NAC members agreed, noting that this would break down siloes across the Advisory Councils.
- **Focus on Community Engagement** – Cristina Rabádan-Diehl welcomed hearing that SAMHSA was planning to be more intentional with community engagement and focusing on marginalized communities (e.g., tribal citizens).
- **Fentanyl Strips** – Dr. Rabádan-Diehl noted that SAMHSA may receive pushback on a large expansion of fentanyl strips and encouraged them to develop a gameplan to address these criticisms.
- **State Homophobic Legislation** – Barbara Warren expressed concern about the proliferation of anti-LGBTQI State legislation, noting that many of these bills have health implications. She was concerned about how this impacts a person's ability to get gender affirming services. She added that since much of the funding comes from SAMHSA's Block Grant, SAMHSA has leverage to pressure States and communities to who are denying needed health care support.
- **Workforce** – Andre Johnson shared that community-based work, particularly with individuals of greatest need, require in-person care. Many individuals entering the workforce are expecting telehealth work opportunities which makes it harder to recruit providers into the areas where there is the greatest need.
- **Marijuana** – Mr. Johnson was also interested in learning more about SAMHSA's policies regarding marijuana. He felt that there were mixed messages with many entities feeling that "smoking weed" is a harm reduction strategy.
- **Regentrification** – Mr. Johnson indicated that city regentrification had pushed those in need (e.g., individuals experiencing homelessness) to obscure locations which are away from access points (e.g., CCBHCs).
- **Unfunded Organizations** – Dr. Atherall stated that smaller organizations, such as hers, don't have the infrastructure to apply for grants. Their voices need to be included in strategy discussions. She recommended a human-centered design approach.
- **Implementation Science** – Dr. Atherall also stressed the importance of having a dissemination plan to ensure that resources don't sit on the shelf. Assistant Secretary Delphin-Rittmon noted that SAMHSA is working with groups like the Ad Council to help with promotion. She emphasized that SAMHSA recognizes the value of trusted messengers in helping to promote resources.
- **Leveraging Prior Resources** – JoAnne Keatley shared that there are a number of resources that have already been developed and that SAMHSA might update them rather than start from scratch.
- **The Age Continuum** – Ms. Keatley also advocated that services address older populations, including geriatric individuals.

## **National Mental Health and Substance Use Policy Laboratory Initiatives**

*Brian Altman, J.D. Acting Director, Policy Lab; Christine Cichetti, Supervisory Public Health Analyst, Policy Analysis, Development, and Implementation Team; Carter Roeber, Ph.D., Social Science Analyst*

Mr. Altman explained that the National Policy Lab was realigned about a year ago. It now has four teams: Legislative Affairs; Executive Correspondence and Support Branch; Evidence-Based Practices Implementation and Dissemination; and Policy Analysis, Development, and Implementation.

Ms. Cichetti then provided more details about the Strategic Plan and the public comment response to it. Specifically, there have been over 150 comments with the main comments citing the need to expand prevention services and improved treatments/resources for individuals with serious mental illness.

Dr. Roeber then gave an overview of the Evidence-Based Practices Resource Center (EBPRC). Started in 2018, the registry includes toolkits, evidence-based protocols/research, and advisories on emerging topics. Currently, the resources are limited to research from clinical trials.

NAC members then met in breakout sessions for structured conversations to help inform how the EBPRC can expand the resources incorporated into the registry.

### Breakout Report Backs

Following are responses from the breakout sessions to the structure questions:

*Is the EBPRC meeting the Behavioral Health field's needs? If not, what is missing?*

- NAC members needed to have more background to answer this question. They also noted that a survey assessment would provide invaluable information on this.
- NAC members raised the question of what defines the “field” of behavioral health (e.g., providers or also individuals of need).
- Disadvantaged communities have historically been left out of the gold standard for evidence-based assessments.

*Should we rate these programs?*

- The rating shouldn't be hierarchical as some programs may work better for certain communities over others. Rather, the programs can list the pros and cons.

*Should we add community-driven and culturally responsive programs. If so, do we need a separate review and rating system?*

- There is a need to figure out how to use a mixed-method approach. The [Community Engagement Alliance \(CEAL Alliance\)](#) model used by NIH during the COVID pandemic

might be a prototype to look into. An environmental scan of existing approaches by other Federal entities would be helpful.

- The “adaptation” approach doesn’t always work for use with marginalized communities.
- SAMHSA needs to engage in direct discussions with the communities, particularly those who have historical mistrust of Federal research. It is important for marginalized communities to see the advantages of their participation.
- Strong evidence shouldn’t be watered down, but there needs to be an acknowledgement that clinical trials approach, while necessary “are not sufficient.” It is also important to recognize that the most comprehensive evidence takes time, so it becomes easily outdated.

*How do we address cost issues?*

- This is a concern because expensive approaches simply won’t be used.
- More information on this question is needed.

*Other Comments*

- Many NAC members were unfamiliar with the EBPRC before this discussion.
- There needs to be alignment across agencies. The President’s Executive Order allows SAMHSA to push for stronger alignment.
- SAMHSA needs to incorporate delivery approaches. Many people no longer have the time to read volumes. Simulations, case studies and videos are tools that can help translate evidence into practice. It is also important to partner with CME and medical training to increase evidence-based practices.

### **Addressing the Children’s Mental Health Crisis**

*Sunny Patel, M.D., M.P.H., Senior Medical Advisor, Center for Mental Health Services (CMHS)*

Dr. Patel noted that, while there is a sense of heightened concern regarding the children mental health crisis, it has been an issue building up over decades. Because of the lack of providers, he noted that SAMHSA also is focused on a public health approach to addressing the issue.

Admittedly, the COVID pandemic exacerbated the issue. Currently, 20 percent of youth have a diagnosable disorder and ten percent have a serious emotional disturbance (SED). Death by suicide is the second leading cause of death for individuals between 10-34 years of age.

Dr. Patel listed several “drivers” of the crisis including the pandemic, trauma, social media, structural violence, and stressors (academic, financial, parental mental health concerns).

In terms of resources, Dr. Patel shared that there are numerous funding resources and that the current administration has made mental health, including concerns for youth, part of his Unity Agenda. There is also better coordination across other Federal agencies (e.g., HRSA, CMS, the Administration of Children & Families and the Department of Education).

### Discussion

The NAC members then provided the following comments:

- **Social Media** – Dr. Rabádan-Diehl shared that the social media concern extends beyond the actual medium. It has also created a generational gap and exposed youth to global concerns which parents are not able to often understand and navigate.
- **Children with Disabilities** – Dr. Rabádan-Diehl also expressed the importance of meeting the special needs of children with disabilities, both learning disabilities and physical limitations. She noted that her son had learning disabilities which may have contributed to his substance use disorder (SUD) later in life.
- **Anti-LGBTQI+ Laws** – Dr. Warren expressed concern about the impact of States passing LGBTQI+ laws. SAMHSA does put that requirement in its Notice of Funding Opportunities (NOFOs).

### **Interagency Task Force on Trauma Informed Care**

*Melinda Baldwin, Ph.D., L.C.S.W., Public Health Advisor, Policy Analysis, Development and Implementation Team, Policy Lab*

The [Interagency Task Force for Trauma-Informed Care](#) is charged with soliciting input from stakeholders to identify, evaluate and make recommendations on the best practices related to trauma. It also explores ways for Federal agencies to better coordinate responses to help families affected by SUD and trauma.

Their strategy is based on the following four pillars: best practices, research, data, and federal coordination. Equity is an overarching core principle across the pillars. The composition of the Task Force includes 20 Federal Agencies and there are multiple subcommittees.

### **Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)**

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

[ISMICC](#) is a Federal Advisory that was established in 2016. It also incorporates work related to the needs of children with SED. The membership includes 11 Federal partners as well as citizen groups. They have established the following five subcommittees:

- **Data and Inclusion** with a focus on measurement-based care.
- **Access and Engagement** which is reviewing Interstate Compacts and promotion of the peer support workforce.
- **Treatment and Recovery** focused on employment, housing, and First Episode Psychosis (FEP) programming. There will be a policy academy in the summer with a particular focus on transitional age youth.

- **Criminal Justice** which is working to map the Federal programs that are engaged in supporting the sequential intercept model. The subcommittee also is looking at States approach to the “competency to stand trial” designation.
- **Financing** which is reviewing parity and enforcement issues. They are also working to obtain data on why providers don’t participate in Medicaid/Medicare or State marketplaces.

**Interdepartmental Substance Use Disorder Coordinating Committee (ISUDCC)**  
*Yngvild Olsen, M.D., M.P.H., Director, Center for Substance Abuse Treatment (CSAT)*

Like ISMICC, the [ISUDCC](#) was mandated through the Support Act but only recently started due to COVID restrictions. The ISUDCC has six areas of focus all centered around improving Federal agency coordination. Membership includes Federal representatives as well as private sector members (e.g., people with lived experience, providers, judges).

There are three subcommittees (prevention, treatment, and recovery) and for this first year, the subcommittees are committed to exploring how to weave harm reduction efforts into their work.

The next committee meeting is scheduled for June and a set of recommendations is projected for completion at the end of 2023.

**Additional NAC Members Comments**

NAC members were given an additional opportunity to share comments/announcements:

- **Advance Review of Materials** – Dr. Rabádan-Diehl asked that SAMHSA provide NAC members with the materials in advance so that they can do a more thorough review.
- **Leveraging Pediatricians and Teachers** – Francisco Rodriguez-Fraticelli shared that there is stigma in Puerto Rico and advocated that SAMHSA work with pediatricians and teachers to educate them on the needs and how best to serve the youth.
- **Homelessness** – Mr. Rodriguez-Fraticelli also advocated for more integrated services for the homeless.
- **Family Voices** – Dr. Rabádan-Diehl expressed appreciation for SAMHSA’s efforts to include the voices of individuals with lived experience. She emphasized the importance of family voices because they provide a voice for those individuals who lost their lives to the disease and these experiences and journeys are often quite different from those that are in recovery.

**Public Comments**

There were two public comments.

- **Tribal Concerns** – A representative from SAMHSA’s Tribal Technical Advisory Council (TTAC) shared the TTAC would like to see SAMHSA provide direct funding to tribes rather than having resources filtered through the States. She noted that this is a “Treaty Right” and a matter of trust. She added that the TTAC will be providing comments in writing regarding SAMHSA’s strategic plan. She also indicated that grants like Project Aware are helpful but create sustainability concerns.

- **LBGTQI+ Needs** – Jester Jersey advocated that SAMHSA leverage trusted advocates and elevate spokespersons to amplify the needs of the LBGTQI+ community, particularly for youth.

**Closing Remarks/Adjourn**

Assistant Secretary Delphin-Rittmon stated that the next NAC meeting is scheduled for August. However, she intends to host a “coffee hour” discussion before then. Capt. Castillo thanked everyone for their participation. He adjourned the meeting at 3:15 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

Minutes will be formally considered by SAMHSA NAC at its next meeting, and any corrections or notations will be incorporated into the minutes of that meeting.

Appendix A: Public comments.

### **Complete Public Comments for SAMHSA NAC of April 27, 2023:**

#### **Comment 1: This comment was made in person at the meeting.**

**Ms. Sonia Weston:** Thank you, Madam Secretary, for allowing us a few moments here to just briefly talk about some of the things that the TTAC would like to have me present on behalf of our committee.

And I've sat here for two days listening to all of the things that SAMHSA is currently working on and will work on behalf of everyone that's sitting in this circle here. It seems to me that so many things, wonderful things are happening with what they're doing, the projects they're working on. But we, as tribes in the Great Plains area, also have needs that also need to be addressed with SAMHSA today.

And as one of the TTAC representatives for the Great Plains, I just wanted to briefly touch on some of the things that my committee would like to talk to you about. And so, one of the things that we would like to ask SAMHSA is that to work directly with tribes for funding sources and not filter or funnel funds through States to deliver services to our tribes. SAMHSA can detail these relationships within the overall plan and include the parameter or process of these funding relationships.

SAMHSA's support is needed to include providing funding for tribal leadership to provide testimony on funding issues and increase accessibility for tribal leadership to provide guidance and represent their people, clearly assign our budget funding for tribal leadership testimony, provide health service is a trust and treaty right for tribes, and SAMHSA should reflect this relationship within the Strategic Plan that you talked about earlier today.

We would like -- and I believe we'll be presenting some comments on that. So, we wanted to let you know that we do have some comments forthcoming on the Strategic Plan. So, I just wanted to address some of these things. There are other things that we also would like to recommend, but those will be forthcoming by comments.

I also just want to touch real briefly on the grants that you talked about earlier. I think it's Project AWARE, and one of our tribal schools back home on the Pine Ridge Indian Reservation currently has the Project AWARE grant, and they talk so highly of it. It has really helped with the cultural trauma that is happening amongst our young people back home, preschool to five years old, and they did want me to share that today, and so I wanted to share that with you today.

The only thing that they talked about is that it's only for five years, and it really constricts what they're doing to provide some sustainability to the children in our school system. So, I wanted to share that with you. Think about that when you look at these grants and you put a timeline of two years, or three years, or five years. By the time they get through doing what they need to do and they're ready to have more sustainability within the school system, the grant is ending.

So, I want to just bring that up to you, Madam Secretary, and to your team. But we will have some comments forthcoming. So, we just wanted to share that today, and thank you for giving us this time to share our -- what we would like to see SAMHSA do for tribes. Thank you so much.

**Comment 2: This comment was read by the commenter virtually and sent in writing.**

**Mr. Jester Jersey:**

Thank you. I want to state that I have no pharmaceutical conflicts to disclose.

Good afternoon to the SAMHSA NAC Council. Thank you for allowing me to present.

My name is Jester Jersey and I'm a vaccine advocate. I've worked with Kiwanis International on UNICEF's Eliminate Project, a global tetanus vaccination campaign<sup>1</sup>. I currently volunteer with Vaccinate Your Family, a national vaccine advocacy organization co-founded by former First Lady Rosalynn Carter<sup>2</sup>. But today, I wish to speak both as a supporter and member of the LGBTQI+ community.

I read the latest HHS report from last month that affirms and supports LGBTQI+ youth & their chosen identity<sup>3</sup>. I wanted to express my gratitude to the HHS & SAMHSA for the report & supporting our nation's youth.

Prior to the pandemic, LGBTQI+ community members still faced stigmatization due to prevailing stereotypes, despite the fact that we as a nation decided people were free to marry whomever they chose regardless of their partner's gender in 2015<sup>4</sup>.

However, during the pandemic, we again saw differences in how LGBTQI+ community members experienced care when Mpox surfaced.

As a vaccine advocate, it was encouraging to see that COVID vaccines were easily accessible to practically everyone, but it was also discouraging that Mpox vaccines were sometimes hard to find & guidelines were confusing<sup>5</sup>. It also served as a reminder that the LGBTQI+ community still face adverse health challenges and gaps in healthcare even today<sup>6</sup>. For me, it made me want to do all I could as a health advocate to uplift LGBTQI+ voices and continue my advocacy work on behalf of fellow community members.

As we recover as a nation from the COVID pandemic, more efforts are needed to address the needs of the LGBTQI+ community, whether that be vaccine access, gender affirmation, substance abuse, mental health wellness or some other healthcare need.

Therefore, I have two suggestions to make to the Substance Abuse and Mental Health Services Administration National Advisory Council, to the Health & Human Services Department and to President Joe Biden's Administration: First, continue empowering LGBTQI+ members by addressing our particular health needs<sup>7</sup>. Second, collaborate with local, trusted organizations like

Kiwanis, who have previously addressed substance abuse through the “Say No to Drugs” campaign in the 1980s & 1990s; and vaccine advocacy groups like Vaccinate Your Family to help not just members of the LGBTQI+ communities, but all Americans catch up on routine vaccinations.

Thank you for your time and consideration, & for the work you do to protect & empower all Americans. Stay safe & have a nice day.

#### Sources

1. *“Kiwanis International pledges to raise \$110 Million to eliminate maternal and neonatal tetanus”*

<https://www.unicefusa.org/press/kiwanis-international-pledges-raise-110-million-eliminate-maternal-and-neonatal-tetanus>

2. Info on Vaccinate Your Family

<https://vaccinateyourfamily.org/about-us/our-mission-history/>

3. *“New HHS Report Released on Transgender Day of Visibility Offers Updated, Evidence-Based Roadmap for Supporting and Affirming LGBTQI+ Youth”*

<https://www.samhsa.gov/newsroom/press-announcements/20230331/hhs-report-transgender-day-visibility>

4. *“Supreme Court Declares Same-Sex Marriage Legal In All 50 States”*

<https://www.npr.org/sections/thetwo-way/2015/06/26/417717613/supreme-court-rules-all-states-must-allow-same-sex-marriages>

5. *“Demand for Monkeypox Vaccine Exceeds Supply, C.D.C. Says”*

<https://www.nytimes.com/2022/07/15/health/monkeypox-vaccine-supply.html>

6. *“Struggle to protect gay, bisexual men from monkeypox exposes inequities”*

<https://www.washingtonpost.com/health/2022/07/27/monkeypox-gay-men-vaccine-treatment/>

7. *“LGBTQI+ Youth – Like All Americans, They Deserve Evidence-Based Care”*

<https://www.samhsa.gov/blog/lgbtqi-youth-all-americans-deserve-evidence-based-care>

8. *“Just Say No facts for kids”*

[https://kids.kiddle.co/Just\\_Say\\_No](https://kids.kiddle.co/Just_Say_No)

