74th Meeting of the
Substance Abuse and Mental Health Administration (SAMHSA)
National Advisory Council (NAC)
August 31, 2023
DRAFT Meeting Summary

NAC Members Present:
Tina Atherall, M.S.W., D.S.W
Laura Howard, J.D.
JoAnne Keatley, M.S.W.
Rahn Kennedy Bailey, M.D.
Andre Johnson, M.A., Psy.D.
Cristina Rabádan-Diehl, Pharm.D., Ph.D., M.P.H
Francisco Rodriguez-Fraticelli
Tracy Neal Walden, Ph.D.
Barbara Warren, Psy.D.

SAMHSA Staff:
Capt. Carlos Castillo
Miriam Delphin-Rittmon, Ph.D.
Assistant Secretary
Brian Altman, J.D.
Michelle Carnes, Ph.D.
Sonia Chessen
Trina Dutta, M.P.H., M.P.P.
Anita Everett, M.D.
Jennifer Fan, Pharm.D., J.D.
Capt. Christopher Jones, Pharm.D., Dr.P.H., M.P.H.
Yngvild Olsen, M.D., M.P.H.
Naomi Tomoyasu, Ph.D.

Ex-Officio Representation:
Robert Heinssan, Ph.D., on behalf of Joshua Gordon, M.D., Ph.D. National Institute of Mental Illness
Aaron White, Ph.D., National Institute on Alcohol Abuse and Alcoholism (NIAAA), on behalf of George Koob, Ph.D.
Wilson Compton, Ph.D., National Institute on Drug Abuse (NIDA), on behalf of Nora Volkow, M.D.

Guests:
Edmund Creekmore, Ph.D.
Shauna Humphreys
Nickolaus Dee Lewis, Jr.

Call to Order and Welcome
SAMHSA's National Advisory Council (NAC) was called to order on August 31, 2023 at 10:01 a.m. The NAC was conducted in a hybrid format. The members in attendance constituted a quorum.

Miriam Delphin-Rittmon, the Assistant Secretary for Mental Health and Substance Use, welcomed NAC members and noted that there will be two new youth members joining the NAC.

Consideration and Approval of the April 27, 2023 Minutes
There were no edits to the April 27, 2023 NAC summary. It was motioned for approval and seconded.

SAMHSA Updates and Follow Up from the SAMHSA NAC meeting of April 27, 2023
Miriam Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use

Assistant Secretary Delphin Rittmon shared updates on several SAMHSA initiatives and activities.

988 Anniversary

In its first year as 988, the Lifeline handled 5 million contacts which is more than double for the prior year as the nine-digit suicide hotline. The average time for response is under one minute. About 20% of the contacts were for the Veteran crisis line. Also, the text function seems to be a preferred mode for many. There are three carve out lines (veteran, Spanish-speaking, and LBGTQ+). In Washington State there is a fourth line for tribal communities (i.e., Native Strong).

SAMHSA held a one-year anniversary at a call center in New York City. In the next phase, SAMHSA is working to expand awareness of the lifeline through media coverage, a roadshow across the country, and leveraging trusted messengers/influencers. SAMHSA is also launching a deaf and hard-of-hearing chat function.

White House Initiative on Asian-American (AA) and Native Hawaiian Pacific Islander NHPI) Summit

This Summit occurred in late July to develop a policy agenda which incorporates the following four workgroup domains:

- Taking action on anti-AANHPI Hate;
- Engaging the AANHPI community with the 988 crisis response network;
- Language assistance; and
- Building the AANHPI workforce.

Discussion

Following are questions and comments from the NAC members:

- **Personal 988 Story** – Barbara Warren shared a personal story of a relative who called 988 because of social isolation and that person raved about the interaction and support the lifeline provided.
- **LBGTQ+ Data** – Dr. Warren was interested in data related calls from members of the LBGTQ+ community. In particular, she was concerned about the resources that the Lifeline can recommend in States that have been limiting these services. Assistant Secretary Delphin-Rittmon said that SAMHSA is collecting and cataloging metrics on a variety of data points.
- **988 Amplification by Smaller Organizations** –Tina Atherall asked how organizations like hers could strategically support the 988 promotion. Assistant Secretary Delphin-Rittmon noted that she could connect NAC members with SAMHSA's 988

communication team. However, there is also a 988 partner toolkit that includes a variety of digital sharables. She noted the materials are tailored to address a variety of diverse communities.

Recap of the JNAC[1] Session and Lessons Learned

Assistant Secretary Delphin Rittmon appreciated the rich discussion from yesterday's Joint NAC, especially the interest to create workgroups to focus on collaborative opportunities. She also felt that the discussion on communications and evaluation work are efforts that SAMHSA welcomes NACs support on. She asked NAC members to share any takeaways they may have from yesterday's meeting. Members shared the following:

- **Operational Support** – Rahn Kennedy Bailey noted that collaboration can help to identify areas for resource allocation. For example, where he works, they have plenty of clinicians while there are other geographical areas with clinician shortages.
- **Communications** – Cristina Rabádan-Diehl recommended that one of the JNAC subcommittees focus on communications and marketing. She also likes to say that she is SAMHSA's Ambassador for their work. Laura Howard shared some prior experiences that she has used to get grantees and States push out consistent messaging.
- **Workforce Development** – Andre Johnson noted that the C-Suite of behavioral health systems is aging out, so there is a need for succession planning and development of leadership skills for existing behavioral health staff. He also wants to expand recruitment from historically black colleges and universities (HBCU).
- **Rescheduling Marijuana** – Mr. Johnson also expressed concern about the Federal government potentially rescheduling marijuana, which would loosen the current restrictions. Assistant Secretary Delphin-Rittmon acknowledged the need to do more communication about underage marijuana use.
- **Capacity for Small Organizations to Seek Grants** – Both Mr. Johnson and Secretary Howard noted the difficulty of small organizations being able seek grants due to capacity and infrastructure issues. Assistant Secretary Delphin-Rittmon shared that SAMHSA is aware of this issue and has been working on technical assistance support through an initiative called Elevate CBOs.
- **Research to Implementation** – Aaron White called the gaps between research and implementation a "valley of death." That gap has been closing due to improved engagement between SAMHSA and the NIH research entities. Naomi Tomoyasu said that SAMHSA had produced volumes of research reports but needs to do more to condense the information in briefs that easily digestible. Wilson Compton noted that one roadblock to collaboration is the different grant requirements and timelines of the agencies.

[1] 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 [1] The Joint National Advisory Council (JNAC) session occurred the day earlier. Advisory Councils included the [1] 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.

- **Examples of Practice-Oriented Research** – Yngvild Olsen shared that SAMHSA has a collaboration with NIDA on the Heal Initiative community study to get overdose prevention programs into communities. Dr. Compton added that that the National Institute on Drug Abuse (NIDA) and the Centers for Disease Control and Prevention (CDC) have a research collaboration focused on rural opioid services. Robert Heinssan said that the White House Report on Mental Health Priorities was based on a collaboration of agencies who do research with service-granting agencies like SAMHSA.
- **Implementation Science** – Dr. Warren suggested that SAMHSA fund smaller community-based organizations (CBOs) to more quickly implement practice-oriented research. She noted that PCORI has a good model for this. She also would like to see SAMHSA expand prevention science (e.g. protective factors).
- **Consumer Voice** – Dr. Warren also said that more qualitative research is needed to elevate the patient voice across the delivery of care.
- **Communication Flow** – Dr. White noted that all the data is showing increases for diseases for despair. He encouraged finding pathways of communication where research agencies can connect with those in the field and have bidirectional communications.

Kids Online Health and Safety, and Discussion
Anita Everett, M.D., CMHS

Dr. Everett shared that there are two lines of work related to social media and youth.

Center of Excellence on Social Media and Mental-Well Being (SMMW-CoE)

The goals of the SMMW-CoE are to improve pediatric well-being by leveraging the benefits of social media; build capacity of individuals who work with youth to mitigate adverse impact of social media on well-being; and synthesize and promote evidence base and best practices for healthy social media use.

Dr. Everett noted that the national narrative has only focused on the negative aspects social media, but the reality is more nuanced with some aspects of social media providing a positive impact on well-being. She noticed that the current narrative can itself cause issues such as stigma; a focus on media to use "click-bait" headlines' and framing misuse of social media as an individual flaw rather than acknowledging the environmental context. She noted that there is not clear evidence of a clinically significant population-level effect of social media on adolescent well-being. This was reflected in the Surgeon General's Report: Social Media and Youth Mental Health.

Dr. Everett then shared the framework of the SMMW-CoE:

- Center on the child, not the technology;
- View from a developmental lens;
- Incorporate a family, social, and cultural context;
- Consider individual differences; and
- Address the adult-based digital ecosystem.

The American Academy of Pediatrics is the grantee that manages the SMMW-CoE.

Cross Federal Government Task Force

The catalyst for this Task Force came from a Factsheet developed through the White House. Assistant Secretary Delphin-Rittmon is a co-chair of the Task Force. The goal of the Task Force is to prevent and mitigate the adverse health effects of online platforms on minors; identify current and emerging risks; recommend measures and methods to assess impact; develop a research agenda; and recommend best practices.

The work will occur over two phases. Phase one will focus on gathering, reviewing, and cataloging information. Phase two will generate guidance, a toolkit and a research agenda. Dr. Everett noted that organizations and experts will be incorporated into the discussion. In particular, the Department of Commerce is a co-chair with SAMHSA and the Department of Education has a special role related to privacy issues for youth. The Departments of Homeland Security and Justice will provide the lens of legal/criminal concerns (using social media for missing/exploited children; solicitation of youth).

The Task Force is holding five listening sessions and also will solicit public comment.

Discussion

Following are questions and comments from the NAC members:

- **Age-Appropriate Determinations** – Dr. Warren asked who makes the determination about age-appropriate content. She was concerned that the effort could be misused to censor the LBGTQ+ community. Dr. Everett noted that when she mentioned some of the benefits of social media, the LBGTQ+ youth in particular have found benefit in finding support, particularly when they live in a less accepting community. Dr. Everett also said that everything is voluntary. The Task Force has been looking at approaches in other countries and will be working with psychiatrists to provide guidance (not mandates) related to age-appropriateness.
- **The Social Media Feedback Loop** – Dr. White noted that social media can have a bidirectional effect. For example, youth may feel anxiety/depression and go on social media. They might see alcohol ads. Taking away the alcohol ads is not going to fix the original issue though it may exacerbate the issue.
- **Extremism and Radicalism** – Dr. Atherall expressed concern about social media as a factor in mass shootings and other violence where youth seemed to have indicated an intent online. She shared that the McCain Institute has been working with providers on this issue.
- **Differences with Digital Divide** – Dr. Kennedy Bailey asked about the implications for communities that have less digital access. Dr. Everett shared this is part of the discussion and that SAMHSA recognizes that the access issue is also an equity issue. SAMHSA has reached out to the Black Psychiatrists of America and the Black Psychologists of America for their input.

Technical Assistance and Training Strategy
Trina Dutta, M.P.H., M.P.P., Senior Advisor

Ms. Dutta shared that SAMHSA conducted a data analysis of all of their Technical Assistance (TA) Centers. Specifically, there are 46 TA Centers for an annual cost of $160 million. She noted that it is hard to identify the true impact of these investments.

SAMHSA has developed a workgroup to review the TA Centers that will do the following:

- Create a decision making framework (e.g. new TAs/sunsetting TAs);
- Create a definitions/language guide;
- Establish a comprehensive search engine; and
- Draft a learning agenda for performance management and evaluation.

Discussion

Following are questions and comments from the NAC members:

- **Define Technical Assistance** – Dr. Rabádan-Diehl encouraged SAMHSA to define technical assistance and the different paths, as TA Centers may differ in approaches and frameworks.
- **Appreciate the Framework and Access of TA** – Dr. Warren supported the questions SAMHSA proposed for evaluating TA. She also noted that in the past TA was focused on grantees who were not meeting their goals. She appreciated that it is open to everyone, rather than just as a remedial effort.
- **AI** – Dr. Warren encouraged SAMHSA to leverage AI for their search engine needs.
- **Gaps and Redundancy** – Secretary Howard encouraged SAMHSA to be intentional in their decision-making and look at other services outside the agency as some of their efforts may be duplicative of these other agencies and organizations.
- **TA as a Catalyst for Partnerships** – Dr. Atherall cited the example of the Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center. She noted that in addition to the TA provided, the Center became a catalyst for building relationships across Centers and with private sector partners.
- **Value of In-Person Trainings** – JoAnne Keatley noted that the most important measure is the impact on the people being served. She would like the questions to include "What are the populations being reached." She noted that the online approaches (e.g., webinars) are not as impactful as the interactive in-person trainings. Ms. Dutta responded that the population measures is a question included in the list but that she had just shared an abridged version.
- **Sustainability and New Grantee Support** – Dr**.** Johnson noted that the TA centers have been helpful in sustainability issues and helping new grantees.
- **Summary of Grants Return Money** – Nickolaus Dee Lewis, Jr. with SAMHSA's Tribal Technical Advisory Committee asked if SAMHSA maintained summaries of grantee performance data and also a listing of those grantees that needed to return money. Ms. Dutta responded that these are areas of improvement in reporting for SAMHSA.

Assistant Secretary Delphin-Rittmon noted that SAMHSA strives to provide flexibility and technical support to grantees that struggle to use funds. She added that the award is "because there is a need there" so having to return funds means that a community in need won't be getting services.

Strategic Plan Update and Discussion

Brian Altman, J.D.; Director, National Mental Health and Substance Use Policy Laboratory
Naomi Tomoyasu, Ph.D.; Director, Center for Behavioral Health Statistics and Quality

Mr. Altman shared that SAMHSA's Final Strategic Plan for 2023-2026 has just been published. The next step is to develop performance measures and an implementation plan. Mr. Altman noted that the plan included an amended version of SAMHSA's vision. Specifically, the section has been amended from saying "thrive and achieving well-being" to now saying "achieving well-being and thrive."

Infographic of SAMHSA priorities and pillars

Some of the public comments identified the following perceived gaps in the plan: primary prevention; serious mental illness; criminal justice; stability; and referencing other populations (e.g., older populations and individuals with disabilities. These were incorporated into the revised plan.

With regard to performance measures, Dr. Tomoyasu noted that there is an emphasis to streamline the data because grantees have shared that current reporting is burdensome. SAMHSA is thus working to keep the effort simple and ensure that the measure is feasible and practical. SAMHSA is also looking at other sources for the data (e.g., HRSA, CDC, etc.) as well as having conversations with stakeholders who are immersed in the community and better understand the needs.

Discussion

Following are questions and comments from the NAC members:

- **Timeframe** – Dr. Rabádan-Diehl noted that the three-year timeframe is ambitious. And it will take six months just to develop the implementation plan. To ensure that SAMHSA doesn't get set up for failure, she suggested being strategic about a few key priorities to target. Dr. Altman clarified that the timeframe is actually four years and is mandated by Congress. Assistant Secretary Delphin-Rittmon added that some of the aspects of the plan will continue after the four-year timeframe. But they both agreed with the importance of being strategic and prioritizing measures and aspects of the implementation plan.
- **Community Empowerment** – Dr. Rabádan-Diehl state that making this bidirectional and person-centered might be challenging.
- **Stigma** – Stigma is hardly mentioned in the strategic plan. It needs to be an integral component of the implementation plan because it is such a significant barrier to access.

- **Solutions Goes Beyond SAMHSA** – Many of the social determinants of health (SDoH) needs will require reaching out to sectors beyond Health and Human Services. So SAMHSA should incorporate this into the implementation plan. Assistant Secretary Delphin-Rittmon agreed and noted that these collaborations are at the forefront, particularly with the overdose-related work.
- **NAC's Community Influence** – Dr. Rabádan-Diehl stated that because many NAC members are embedded in community-based work, they can help bring that lens into the implementation plan efforts. She suggested sending a survey to all the NAC members about the implementation needs and members can indicate how they can help.
- **Implementation Science Approaches**[2] – Dr. Atherall shared that NAC members can help to promote the Strategic Plan and also be engaged in other implementations such as incorporating the Plan into graduate-level curricula.
- **Continue to Solicit Feedback** – Dr. Warren encouraged SAMSHA to continue to solicit feedback, particularly from the grassroots and lived experience perspective. Many will not have been tapped in to participate in the public comment effort.
- **Value Proposition** – Dr. Atherall noted that value proposition is an integral measure in the field, so SAMHSA undergirding that with the performance measures would be valuable.

Council Members General Discussion

The meeting then opened up for general discussion and updates. NAC members shared the following:

- **Office of Behavioral Health Equity (OBHE)**– Dr. Rabádan-Diehl asked if there were any updates on this portfolio. Assistant Secretary Delphin-Rittmon shared that SAMHSA launched a Behavioral Health Equity Challenge with ten innovation winners. The OBHE has also been working with the Center of Excellence in Hawaii for Asian American, Native Hawaiian, and Pacific Islander communities.
- **NAC Agenda** – Dr. Warren noted that a lot of information is shared by SAMHSA during the NAC meetings but more time is needed to respond thoughtfully to the questions that SAMHSA wants advice on. She said it would be helpful to get the information in advance.
- **Topics for Future Meetings** – Dr. Warren was interested in access to 988 data related to LBGTQ+ contacts. Dr. Compton wanted to share more information about the history of collaboration between SAMHSA and research agencies.
- **Reflections from JNAC** – Francisco Rodriguez-Fraticelli noted that it is hard to share and be the voice for others, when your life experiences includes trauma, poverty, and stigma.
- **International Overdose Awareness Day -** Dr. Rabádan-Diehl lost her son to overdose. She asked members to do a 30-second reflection on the lives lost, noting that 300 Americans die everyday from overdose.

[2] As a point of clarification, Capt. Castillo noted that the NAC's role is to advise SAMHSA and they are not charged with direct implementation.

Public Comments
There was one public comment from Edmund Creekmore with the National Shattering Coalition. He appreciated that SAMHSA issued guidance about possible compensation to certified family members who support loved ones with behavioral health needs. The guidance noted that if a peer who is unrelated to the individual can receive reimbursement, those who are related to the individual should also.

Closing Remarks/Adjourn
Assistant Secretary Delphin-Rittmon stated that the next NAC meeting is scheduled for February 2024. Capt. Castillo thanked everyone for their participation. He adjourned the meeting at 3:45 p.m.

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

_____	_____
Date	Miriam Delphin-Rittmon, Ph.D. Assistant Secretary for Mental Health and Substance Abuse

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.