

**U.S. Department of Health and Human Services (HHS)  
Substance Abuse and Mental Health Service Administration (SAMHSA)  
61st Meeting of the  
SAMHSA National Advisory Council (NAC)  
Minutes**

**February 3, 2017**

SAMHSA Headquarters  
Rockville, Maryland

**Council Members Present:**

- Dr. Junius Gonzales
- Ms. Terri White
- Mr. Justin Riley
- Dr. Gail Stuart
- Dr. Kenneth Martinez
- Dr. Eric Broderick
- Ms. Ellen Gerstein
- Mr. Christopher Wilkins
- Dr. Dave Gustafson

**Council Members On the Phone:**

- Mr. Darryl Strawberry
- Mr. Henry Chung

**SAMHSA Leadership Present:**

- Ms. Kana Enomoto
- Ms. Daryl Kade
- Ms. Deepa Avula
- Dr. Kimberly Johnson
- Dr. Monica Feit
- CDR Carlos Castillo
- Mr. Brian Altman
- Mr. Paolo del Vecchio
- Ms. Frances Harding
- Ms. Mirtha Beadle

**Call to Order**

- CDR Carlos Castillo called the meeting of SAMHSA's NAC to order on February 3, 2017, at 8:36 a.m. (ET).

## **Welcome, Introductions, Opening Remarks, and Consideration of Minutes from the August 26, 2016, SAMHSA NAC Meeting**

- Acting Deputy Assistant Secretary Kana Enomoto welcomed the Council members and their invited guests. Ms. Enomoto noted that though Darryl Strawberry and Henry Chung were not in attendance, they would join later by phone.
- Introductions were made around the room by attendees.
- Ms. Enomoto thanked everyone for attending. She then asked attendees for a consideration of the minutes of the SAMHSA NAC meeting of August 26, 2016. The minutes were approved via a motion by Dr. Martinez that was seconded by Dr. Stuart.

## **Reflections on the Joint National Advisory Council Meeting (JNAC)**

- Ms. Enomoto asked for reflections on the previous day's presentations by Dr. Josh Gordon, Dr. Nora Volkow and Dr. Patricia Powell. She felt that the presentations and the ensuing dialogue were ideal examples of the importance of the meetings' theme "Science to Service (and Back Again)." Ms. Enomoto also said that the conversation and ideas presented illustrated the need for this type of conversation to continue to provide feedback to help them stay grounded in the needs SAMHSA's council members are seeing in the field. She then summarized the day's agenda, which included a presentation from Mr. Altman on the 21<sup>st</sup> Century Cures Act and a conversation with Representative Tim Murphy by phone. Ms. Enomoto asked the group for their reflections on the previous day's conversation, their thoughts on this time of transition, and what everyone would like to get from that day's conversation.
- Ms. Gerstein began by thanking council members for their openness and welcoming attitude, as she is a new member. She reflected on the emotions she felt when Native American representatives spoke to the pain felt in their communities. Ms. Gerstein wondered how she might reach out to help these communities and share her information, knowledge, and experience.
- Dr. Broderick congratulated the SAMHSA team for getting everyone "to the table." He wondered how the members might honor their commitment to continue to communicate better externally and internally. Dr. Broderick suggested that this regular communication should be a one person job. Ms. Enomoto replied that each of the center directors conduct regular conversations with their analogous institute director. Additionally, she said that a position of the Director of Science in SAMHSA's Center for Behavioral Health Statistics and Quality is currently being created. The position's responsibility will make sure respective parties under the SAMHSA umbrella are communicating with one another and also with the Office of the Assistant Secretary for Planning

and Evaluation, the Centers for Disease Control and Prevention, Agency for Health Research and Quality among others.

- Dr. Gonzales responded that though he was encouraged by the prospect of the newly created position, he believes that this problem needs a dedicated team, not just one person, particularly if the science-to-service communication to and from the field is to be ongoing. He said that he sees “translating science to service as the equivalent of continuous quality improvement activity.”
- Dr. Gustafson agreed with Dr. Gonzales and added that this could be an opportunity for an institute-wide qualitative improvement. He suggested identifying specific issues to be worked on and choosing one small item that could be changed and measured.
- Dr. Martinez said he was glad to hear about an emphasis on practice-to-research communication as often the emphasis is on the reverse direction, determined primarily by funding sources. He reiterated that there is much to be learned from practitioners and their communities. Dr. Martinez pointed to the work of the California Reducing Disparities Project, which is in phase three and has dedicated \$60 million to the effort. The program is studying practices within communities and has identified ways in which they could be of service to community agencies to help evaluate them and document their effectiveness from data. Currently, care delivery organizations do not have the resources to evaluate or do randomized controlled trials. The care delivery organizations need to follow California’s example and give these initiatives resources.
- Ms. Enomoto next turned the conversation to the center directors of SAMHSA and the tribal nations’ leadership to respond to the topic of conversation.
- Dr. Johnson gave an example of one effort of the science-to-service program: CSAT conducted a series of calls with the National Institute on Drug Abuse Clinical Trials Network on topics of interest to their grant portfolio. The presentations were given by the scientists who had conducted the research, which included the state of research for pregnant and parenting women, and the state of research for the treatment of adolescents. Dr. Johnson said the next presentation is unscheduled, but will focus on Technology Assisted Care. Grantees that are funded under the Technology Assisted Care Grant Program will be invited. She said the next step would include a service to science piece, which is a conversation they have just begun.
- Mr. Wilkins returned the conversation to the needs of the tribal communities. He reflected on the poignant speeches made on behalf of the tribal communities. Mr. Wilkins was particularly moved by the phrase, “Our children are invisible to you.” He said that the phrase, “charts the distance between the suffering and the people who want to do something about it.” Mr. Wilkins believes that the

science-to-service program may be the one means of approaching this current gap in care. He said that despite the SAMHSA practitioner's best intentions and experience, there seems to be a major chasm in communication. He also agreed with Dr. Gonzalez "... [That] the language of faith may be the way to cross that distance." Mr. Wilkins encouraged SAMHSA staff members to keep going and to keep trying different methods to reach these neglected communities.

- Mr. Wilkins reflected on his tenure at SAMHSA and the many challenges that had been overcome. In contrast to his first year, this current year Mr. Wilkins has seen, among the attendees, "camaraderie, a belief in each other, and a unity of purpose that was really far different than what I saw the first time I came." He reminded everyone that this bond would be the sustaining force over the next six to 12 months when SAMHSA may face many changes. Mr. Wilkins thanked Ms. Enomoto in particular for her leadership, which he called "a service of the highest order."
- Ms. Enomoto agreed that the SAMHSA team had grown significantly and worked well together. She said that when welcoming a new political leadership, SAMHSA will show how strong the agency has become.
- Dr. Stuart agreed with what Mr. Wilkins said. There had been a definite positive shift in SAMHSA's culture and commended everyone for their vision and leadership. She said that she would like to see more data from the morning's speakers' research, based upon how many are basic science and how many are psychosocial interventions. Dr. Stuart said that currently the amount of research going into the National Institute of Mental Health (NIMH) psychosocial interventions is "pitifully small," and that more research is necessary because, "We can't move the needle until we know where the needle is." She recommended drilling down into the data that was already available to see what can be tracked over time. Dr. Stuart next spoke about the afternoon's breakout sessions, which she believes would be better if they were asked to come up with three specific recommendations, and if the report-out spokespeople were given time limits.
- Ms. Enomoto thanked Dr. Stuart and said that the suggestion to request specific recommendations from breakout groups was a good one. However, with regards to time limits on speaking, Ms. Enomoto said that the sharing and respecting of elders and leaders, and allowing them the time to express themselves were important. She acknowledged that there were some cultural differences, and that it's more important that speakers are not interrupted, and all members are kept engaged.
- Ms. Beadle said that she appreciated the thoughtful comments concerning the tribal communities and encouraged a focus on listening, no matter the time constraints. She emphasized that it is important to really listen and consider what different cultures bring to the table. Ms. Beadle reminded the group that the tribes

are sovereign-- they work in their own communities all across the country--and it is important to understand their differences and appreciate and embrace them. Ms. Beadle thanked tribal leaders for the opportunity to speak on their behalf to help inform and educate about tribal communities, and on how all communities might all work differently together.

- Ms. White thanked Ms. Enomoto for her thoughtful leadership, and said she believed she made the right choice by not interrupting any speakers. She also agreed with Dr. Stuart's recommendation for breakout groups to be tasked with making specific recommendations.
- With regard to different group strategies to make the next meeting more constructive, Dr. Gustafson recommended using the Nominal Group technique "The Magic Number Seven, Plus or Minus Two" or the "out of the loop" technique.
- Ms. Beadle thanked the members for their feedback, and said that she believed that through listening to the dialogue, (for instance in her breakout group on suicide prevention) solutions actually emerged. She suggested that it might be SAMHSA's job to ferret those solutions out via translating the conversations into concrete recommendations. Ms. Enomoto agreed and said that particularly when there are multiple cultures present in a room, it's important to allow for every culture to have their own space to communicate in their own way. She said that the reflex to stop listening when spoken to in a different way is precisely the sort of breakdown in communication that leads people to feel "our children are invisible to you." Listening and staying engaged is the only way to engender trust between SAMHSA and minority communities. Dr. Broderick agreed with Ms. Enomoto and said that much of this goes back to the fact that though multiple agencies see these problems, no one is sure how to fix them. He said that getting several federal agencies to focus on the multitude of issues that need to be addressed is very difficult.
- Dr. Martinez thanked Ms. Enomoto for her cultural responsiveness, and reiterated that everyone has different learning styles, worldviews, and communicating styles. With regards to the previous day's speakers, Dr. Martinez would like more time for the speakers to respond to questions and receive feedback from attendees. Additionally, he said he would have liked to have had the NIMH attendees weigh in on the conversation. CDR Castillo responded that because the NIH Directors are ex-officio members of several committees, he believes there will be an opportunity to hear from them and create that dialogue.
- Mr. Wilkins brought up the prospect of actively involving the Department of Justice (DOJ) in pharmaceutical-related research and SAMHSA endeavors, particularly with regard to the opioid epidemic and its effect in tribal communities. He believes litigation regarding the industries complicit in the rise of opioid use disorders could be the "next tobacco litigation." Ms. Enomoto said

that the 21st Century Cures Act includes the DOJ.

### **The 21st Century Cures Act**

**Ms. Avula, Director, Office of Financial Resources**

**Mr. Altman, Director, Division of Policy Innovation, and Acting Director, Office of Legislation**

- Mr. Altman presented an overview of the 21st Century Cures Act and SAMHSA's role and responsibilities within it. The presentation was divided into sections:
  - Overview: The Act becoming law was a four-year, two-part, bipartisan process, originally begun by Rep. Murphy in 2013. The Senate had a related bill. The Murphy bill was marked up in Committee and then conferenced with the Senate bill.
  - Opioid Program: The first opioid grant applications are expected on February 17, 2017 and SAMHSA is working closely with states on this effort. The grant awards will be given out based on a formula, which has specific criteria of need in each state. The all-encompassing goal is to reduce the treatment gap of opioid use disorders nationwide.
  - SAMHSA Organization and Grants: When the Act became law on December 13, 2016, it reauthorized SAMHSA for the first time in 16 years. The Cures Act's title sections that relate to SAMHSA include:
    - Strengthening Leadership and Accountability.
    - Ensuring Mental and Substance Use Disorder Prevention, Treatment, and Recovery Programs Keep Pace with Science and Technology.
    - Supporting State Behavioral Health Needs.
    - Promoting Access to Mental Health and Substance Use Disorder Care – Individuals and Families.
    - Strengthening Mental and Substance Use Disorder Care for women, children, and adolescents.
  - Behavioral Health Policy Provisions and the Opioid Grant Program: The Cures Act also has provisions related to behavioral health that are led by other HHS components. These provisions relate to the Health Insurance Portability and Accountability Act of 1996, Medicaid, and Parity.
- Mr. Riley asked what portion of grant funding can be earmarked for recovery services. He said that in his state of Colorado there was a considerable amount of confusion concerning this issue. Ms. Avula said that the Cures Act funding is allotted for prevention, treatment, and recovery – both prevention and recovery are required components. Ms. Harding clarified that there is no specific percentage allotment of funding for prevention but it is a required element. Dr. Martinez asked how the formula block grants are being strategically handled. There was further discussion among Dr. Martinez, Ms. Avula, Mr. Wilkins, and

Dr. Broderick as to exactly how the Cures Act and grants will or will not cover current programs in place in their respective jurisdictions.

- Mr. Strawberry was introduced and thanked the committee for its work. He mentioned that prevention support needs to be just as much of an emphasis as recovery. Mr. Strawberry said that drugs are not actually the problem: The problem is with a lack of identity on the part of users and being unable to identify who loves them and cares for them. He said that his foundation's goal is to reach out and help this new generation before they are lost to addiction. Mr. Strawberry said that sending kids to a 28-day program would not fix the problem. They need faith in their life and some education about the purpose of their life and something to achieve.
- Dr. Martinez congratulated SAMHSA on the Cures Act and the amount of funding secured for the opioid grant provision. He wanted to make sure communities of color benefit from it as well. He recommended that we make sure that the Committee has disaggregated data, to include ethnicity and race, and rural and urban communities. He asked that SAMHSA make sure the Disparities Impact Statement (DIS) component was required, so that interventions around disparities are identified. Ms. Avula responded that the DIS is not required in this program, but there is a "very sensitive needs assessment that's required," to ensure these needs are met. Dr. Martinez said he would urge SAMHSA to reconsider requiring the DIS requirement. Dr. Johnson replied that in this instance they are being more specific in the requirement of data around geographic and population need. In this way, Dr. Johnson is hoping to establish a methodology so that this is a consistent consideration. Ms. Harding added that this method would give them more data to work with.
- Dr. Broderick asked Ms. Avula what the formula is from the statute for distribution to states. Ms. Avula said that the formula is not in the statute, that SAMHSA decided on the two components: the numbers of people who have met the criteria for abuse or dependence on pain relievers or heroin that did not get treatment (weighted at 70 percent) and the number of drug-poisoning related deaths (weighted at 30 percent). Dr. Broderick asked how that formula was conceived. Ms. Avula responded that a point in time data collection was used from the 2014 National Survey on Drug Use and Health. Dr. Broderick suggested that SAMHSA instead look into the possibility of looking at the disease burden over time, as communities are impacted differently over time given the evolution of the epidemic. Ms. Enomoto reminded the group that the money will be used over a period of two years.
- Mr. Wilkins asked whether only heroin was covered or if synthetic drugs were as well. Ms. Avula confirmed that heroin and pain relievers were both included. Mr. Wilkins followed up by asking about the timing of when and where the funds are spent. Ms. Avula responded that the money has always been appropriated at the Secretary's level, not added to SAMHSA's budget. SAMHSA will make the

application awards around April or the beginning of May.

- Dr. Martinez asked what the update to the peer review requirements were. Mr. Altman and Ms. Avula confirmed that the grants that need to have a specific makeup of grant reviewers are those related specifically to mental illness (in lieu of mental health). Mr. Altman clarified that up to half of the people who conduct the peer review for those grant applications have to treat mental illness. Concerning the Government Accountability Office's (GAO) study from the Protection and Advocacy for Individuals with Mental Illness program (PAIMI), Dr. Martinez asked what the impetus for it was. The original bill had four or five provisions related to PAIMI including cutting the funding for the program in half and not allowing for action on behalf of a group of individuals who may need advocacy and protection. Out of all the different provisions, that provision would have much more fundamentally changed the program. Instead, the process will follow the recommendation of the GAO report. Dr. Martinez's last question was concerning a specific program in Title X of the Cures Act. Mr. Altman said that the grant program is not entirely fleshed out yet, but will be if funding is secured.
- Dr. Broderick stated that in regards to the block grant and the distribution formula, he urges SAMHSA to consult with the States and the tribes about it, because their views may differ from one another. The Title X is ultimately about elevating the topic and then working on the issues. Mr. Altman responded that with regard to the block grant, SAMHSA cannot change the formula, but there is no doubt that SAMHSA will include a tribal consultation on the study and the design.
- Dr. Kudler appreciated the tone of the meeting, which he said was about listening and letting people speak in the way they needed to speak and then be heard. He said that he kept returning to the question, "How long will we keep treating a chemical with a chemical?" and though the Department of Veterans Affairs has cut the number of veterans on long-term opioids by 36 percent, and those on opioids and benzodiazepine by 56 percent, maybe that's not the best measurement. Dr. Kudler inquired if maybe they could be doing more to relate to the actual human problem, beyond the chemicals.
- Before break, CDR Castillo requested the honorarium forms from all NAC members.

### **Transition**

- Following the break, at 10:55 a.m. (ET) CDR Castillo reconvened the meeting.
- Ms. Enomoto welcomed everyone and introduced Dr. Chung, who joined the meeting by phone. Dr. Chung apologized for his absence, which was due to a foot injury. He said he caught approximately 70 percent of yesterday's meeting

and found it very interesting and would continue to participate as appropriate.

- Dr. Feit briefed the committee on the new administration's transition and how the transition would affect SAMHSA's work. Effectively, there had been two transition briefings in which Dr. Feit and Ms. Enomoto had been a part. The first meeting was with a transition team from HHS where SAMHSA briefed the HHS transition team on SAMHSA's work. The next meeting was with a different team, following the inauguration. Much of the transition process was at a standstill until the department's new head, Dr. Tom Price, was confirmed. In the interim, Ms. Enomoto was meeting with the identified point of contact, Nina Schaefer, who came from the Heritage Foundation.
- Committee members asked a variety of questions about the transition, including queries about: budgetary allotments, emphasis on trauma-informed care, treatment of mental illness and addiction, and how SAMHSA may be affected by the new administration. Ms. Enomoto, Ms. Avula, and Dr. Feit reiterated that they had not been made privy to these sorts of details but they were encouraged by both transition teams, which embraced both the Cures Act and SAMHSA's work. Ms. Enomoto emphasized that she felt there was a significant opportunity for SAMHSA to shape policy direction and priorities by relaying their ideas, framing them in a compelling manner, and relaying them to their government counterparts.
- Dr. Martinez asked about SAMHSA's work in communities affected by civil unrest. Mr. delVecchio responded that SAMHSA had awarded grants to eight communities in the last fiscal year, and that they just convened the first grantee meeting. He said that it's a community-driven process and community participation is a requirement of the grant, as are trauma-informed approaches. The cities awarded grants are: St. Louis (Ferguson), Missouri; Flint, Michigan; Baltimore, Maryland; San Antonio, Texas; Oakland, California; Chicago, Illinois; Minneapolis, Minnesota; and Milwaukee, Wisconsin.
- Dr. Harold Kudler recounted his experience of preparing for Dr. Price's confirmation hearings.
- Mr. Wilkins asked if issues concerning recent mergers and acquisitions in the health fields, which he believes will change trust and delivery systems as well as prevalence, would be addressed in the near future.
- In response to questions concerning how the new administration's style of management might change SAMHSA's operation, Ms. Enomoto reiterated that it was still too early to tell. She stated that it must be remembered that the temporary hiring freeze is in fact temporary and will be resolved in the near future. She said that there is no need to feel defensive in any way, and that the SAMHSA team should instead consider how to make the incoming administration most comfortable and up to date on SAMHSA's work.

## **Planning for Future Meetings**

- Dr. Gustafson asked if, considering the committee’s dedication to at-risk communities, the next SAMHSA conference could be held in the “worst parts of Washington, D.C.” After further discussion and considerable interest from the meeting’s participants, Dr. Johnson and Ms. Enomoto responded that while they agreed with the underlying idea of immersion into the communities they work with, that there were both financial and operational hindrances to hosting a government meeting outside of a government facility. As a compromise, it was suggested that perhaps the next conference could offer optional offsite visits or meetings in at-risk communities, in lieu of the entire conference taking place in the identified community.

## **Telephone Presentation from Representative Tim Murphy**

- Ms. Enomoto introduced Representative Murphy, who spoke to the committee by telephone.
- Representative Murphy talked about the process of the Cures Act becoming law. He said of the bill: “We didn’t get everything we needed but we needed everything we got.” Representative Murphy declared that as a result of the bill and SAMHSA, “the future will be a great new dawn for SAMHSA and mental health in the country.” Following this bill, the focus will be squarely on accountability, and letting people and their communities bring the necessary services to where the need is greatest. This emphasis on accountability and efficient operations is where Representative Murphy believes that SAMHSA is critical. He would like SAMHSA to be the government’s go-to experts. He sees the 21<sup>st</sup> Century Cures Act and this period in time as an opportunity for SAMHSA to make a massive impact on health nationally.
- Dr. Martinez led the group discussion with his concerns of the block granting of Medicaid services. Ms. White introduced herself and asked about provisions for in-patient and outpatient mental health services. Representative Murphy said that with both issues, he will need SAMHSA’s help in pushing them to the forefront, and the best way to do so is to arm him with data and to make sure processes are in place to continue collecting meaningful data going forward. He emphasized that this is the best way to show the government exactly what the positive and negative effects would be. Dr. Chung asked about concerns in labeling or not labeling patients as having opioid sensitivities or addictions, and ways to incentivize integrated healthcare models generally and through the Affordable Care Act. Representative Murphy agreed with Dr. Chung’s concerns and said they are a work in progress.

## Public Comment

- Ms. Enomoto asked CDR Castillo if there are any public comments. CDR Castillo expressed that there was one public comment.
- Ms. Katrina Velasquez introduced herself as the policy director of the Eating Disorders Coalition. Ms. Velasquez urged SAMHSA and the council to put more of a focus on the mental illness of eating disorders through early identification, stigma reduction, and treatment. She said there was currently limited assistance across agencies and would welcome the opportunity to work with them further.
- An additional public comment came from Ms. Sharon LeGore. Ms. LeGore was concerned that with the closing of some state hospitals, mentally ill people are being placed back in the community and not being treated. She said that they were instead entering the judicial system. The costs for mental health and substance abuse issues then skyrocket. She asked for assistance in collecting the data on this issue, which is critical for families.
- Ms. Enomoto responded that the question, in addition to those posed by Representative Murphy, spoke to a need for a robust learning agenda. She said that their task is to take away from this meeting the need to listen to our partners, staff, experts in field, and then identify key priorities and a work plan, or a learning agenda, for the agency.
- CDR Castillo asked the room for any public comments at this time. Tribal Technical Advisory Committee (TTAC) member Ms. Lisa Wade, who is Alternate Delegate from Alaska, began speaking to the council.
- Ms. Wade reflected on the earlier conversation concerning the “invisibility” of the tribal community and their issues. She said that the prior conversations with the TTAC have been “very emotionally big,” and dealt with their communities, which were wracked with suicides and suicidal risk. Ms. Wade urged everyone to do their homework, learn, and get involved with the indigenous people in their areas. She appreciated the council’s suggestion of going out into the at-risk communities, and encouraged everyone to keep mental health services at the forefront of these outreach efforts. Ms. Wade said that what happens in one indigenous community affects everyone, citing the protests in South Dakota and the national threats to immigrants as issues that affect the entire nation at-large. She thanked the committee members for giving their leaders space and time to speak. She stated that in her home state of Alaska no one is given time limits when they speak, because sometimes “what needs to be said takes a while for people to actually hear it.” Ms. Wade expressed frustration that often after speaking at meetings she later hears what she said reflected back to her in watered down terms. She explained that her talking often goes on longer “in the hope that you’ll hear and feel the intensity and pain.” Ms. Wade ended by stating that she apologized if her words went on too long, but that it is her responsibility to

everyone who does not have a voice on these issues to expend every word she has so that people can feel her people's invisibility.

- Ms. Enomoto thanked Ms. Wade for her comments and for sharing her feelings. She said that she believes there is an opportunity for the committee to create greater understanding and better hearing of others. Dr. Martinez apologized to Ms. Wade on everyone's behalf.

### **Closing Remarks and Adjournment**

- Ms. Enomoto closed the meeting by thanking everyone for his or her attention, commitment, and passion. She said that although everyone comes from different perspectives, they are all working towards the same goal and she is confident that they will achieve it together.
- CDR Castillo closed the meeting, and announced that the next committee meetings were tentatively scheduled for August 23, 24, and 25, 2017. On Wednesday, August 23, 2017, the Councils, TTAC, and Advisory Committee for Women's Services are tentatively scheduled to meet. On Thursday, August 24, 2017, the Joint National Committee will meet; and on Friday, August 25, 2017, the NAC will meet.
- CDR Castillo adjourned the meeting at 12:45 p.m.

### **Certification**

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

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Date

\_\_\_\_\_

/Kana Enomoto/  
Kana Enomoto

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