76th Meeting of the
Substance Abuse and Mental Health Administration (SAMHSA)
National Advisory Council (NAC)
August 29, 2024
DRAFT Meeting Summary

NAC Members:
Tina Atherall, M.S.W., D.S.W
Laura Howard, J.D.
Rahn Kennedy Bailey, M.D.
Andre Johnson, B.A., M.A., Psy.D.
Cristina Rabadán-Diehl, Pharm.D., Ph.D., M.P.H
Francisco Rodriguez-Fraticelli
Sophie Szew
Tracy Neal Walden, Ph.D.
Barbara Warren, Psy.D.
Cynthia Yue

SAMHSA Staff:
Miriam Delphin-Rittmon, Ph.D. Assistant Secretary
Brian Altman, J.D.
Joe Bañez
Kimberly Beniquez, M.S.
Mitchell Berger, M.P.H.
Amy Brow
CAPT Carlos Castillo
Sonia Chessen
Darrick Cunningham, LCSW
Amanda Doreson, M.P.A., Dr.PH (c)
Pamela Foote
Neeraj "Jim" Gandotra, M.D.
Michelle Greenhalgh, M.A.
CAPT Christopher Jones, Pharm.D., Dr.PH
Dan Lonnerdal, M.S., FACHE
Jenna Meyer
Nelia Nadal, M.P.H.
LaVencia Sugars

Ex-Officio Representation:
Tom Clarke, Ph.D., M.P.H. , on behalf of Joshua Gordon, M.D., Ph.D. National Institute of Mental Illness
Ralph Hingson, Ph.D., on behalf of Nora Volkow, M.D., National Institute on Drug Abuse

Guests:
Julio Abreu
Joanne Angosta
Amanda, Department of Labor
Kristin Ashcraft
Niamh Brennan
Jeanette Campbell
Tim Carroll
Juana Majel Dixon, Ph.D.
Kathlyn Farmer
Mary Gens
Tracy Goss
Allen Grecula
Tabitha Hoey, M.P.H.
Kennyle Johnson
Tracy Johnson
Bret Light
Sally Manninen
Lauren Mullman
Jaclyn Saltzman, Ph.D., M.P.H.
Emma Scott
Reeta Singh
Barbara Smutek
Wini Thiang
Adam Viera
Claire Viscione
Robin Wright

Call to Order
CAPT Carlos Castillo called the SAMHSA's National Advisory Council (NAC) to order on August 29, 2024 at 10:09 a.m. The NAC was conducted in a hybrid format. 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.

Consideration and Approval of the February 29, 2024 Minutes
There were no edits to the February 29, 2024 NAC summary. It was motioned for approval and seconded.

Update on SAMHSA's Recent Activities
Assistant Secretary Delphin-Rittmon provided updates on the following:

- **SAMHSA Strategic Plan** – The Assistant Secretary provided a graphic conveying SAMHSA's priorities and guiding principles.
- **Naloxone Saturation Initiative** – SAMHSA has supported 26 States, DC and Puerto Rico with policy academies focused on developing naloxone saturation plans. SAMHSA also convenes a bimonthly learning collaborative and offers individual technical assistance.
- **Prevention Updates** – SAMHSA's Center for Substance Abuse Prevention (CSAP) will be convening a policy academy with eight States. There is now a national coordinating center for the ten regional Prevention Technology Transfer Centers (PTTCs). SAMHSA is also working on activities related to National Prevention Day in February.
- **Interactive Tool on Social Drivers of Health** – The tool is specific to substance use prevention. Assistant Secretary Delphin-Rittmon noted that the term "social drivers" may replace the use of "social determinants" to reflect an individual's empowerment over these needs.
- **988 Updates** – The call line is having its two-year anniversary. They have received over ten million text/chat/calls to the call line.
- **Suicide Prevention Activities –** The recently published National Strategy for Suicide Prevention (NSSP) is based on a whole-of-society approach. It emphasizes equity and centers input from individuals with lived experience. The strategy also has an action plan with over 200 considerations. In addition, SAMHSA has convened two policy academies specific to black youth suicide prevention and one focused on suicide prevention for older adults.
- **Certified Community Behavioral Health Clinics (CCBHCs) –** There are over 500 sites and data from the centers have consistently demonstrated positive outcomes. Ten new states will be added to the CCBHC Medicaid Demonstration Program.
- **Online Health and Safety Report –** In collaboration with the Department of Commerce, SAMSHA released this report which identifies methods to keep minors safe and well experience while using online platforms.

- **National Survey on Drug Use and Health (NSDUH) –** The 2023 report was released last month.
- **Workforce –** CSAT brought their grantees together to discuss workforce challenges and approaches.
- **Language Access Plan –** This plan provides guidance on best practices for serving persons with Non-English language preference.
- **Recovery Support –** The Office of Recovery is in their second year. They have had several convenings on topics such as harm reduction, recovery housing and recovery-friendly workplaces.

Discussion

NAC members shared the following questions and comments:

- **Naloxone in Schools –** A NAC member noted that she had seen a news article about pushback from parents about having naloxone in schools (e.g., it would increase substance use). The National Institute on Drug Abuse (NIDA) did do a study in 2017 and it indicated that naloxone access does not increase substance use.
- **Increases to 988 Volume –** Assistant Secretary Delphin-Rittmon noted that paid marketing has contributed to increase use. Francisco Rodriguez-Fraticelli also noted in Puerto Rico that 988 use increased following a suicide prevention convening and also a recent storm.
- **Disaster Line –** The disaster line is still in service. SAMHSA posts the number on social media during those times to engage access to the line.
- **Severe Mental Illness and 988 –** Andre Johnson shared that severe mental illness has increased in his community. Assistant Secretary Delphin-Rittmon noted that 988 can still be used for these cases as 988 can provide linkages.
- **Coordination of Policy Academies –** Cristina Rabadán-Diehl requested that there be a document created listing all the policy academies. She is working with the Hispanic Center of Excellence which is also doing a policy academy and believes there may be overlap across the initiatives.
- **Social Determinants of Health Terminology –** In addition to the term "social drivers" referenced by the Assistant Secretary, one NAC member shared they heard the term "health-related social needs."
- **Fentanyl and Xylazine Test Strips –** Dr. Rabadán-Diehl requested additional information about these test strips and recommended it be a topic at the next SAMHSA NAC meeting. Dr. Delphin-Rittmon noted that strips can be bought and distributed with SAMHSA grant funds.
- **Youth and 988 –** Sophie Szew requested that 988 marketing target younger communities who have anxiety related to climate change, election and immigration. These may have behavioral health implications.
- **988 Promotion through Commercial Pharmacies –** Barbara Warren noted that naloxone is available at commercial pharmacies (e.g., Rite Aid/CVS) and this is an untapped opportunity to promote 988 at the pharmacy counter.

- **Anxiety with Pregnancy –** Ms. Szew noted that in some States were pregnancy can't be terminated, a mother may feel anxiety. She was concerned that local 988 call lines may not provide support or even face criminal liability if they offer resources.
- **Suicidal Motivated Overdoses –** Mr. Rodriguez-Fraticelli stated that some overdoses may actually be suicide attempts from treatment frustration/failures of individuals with opioid use disorder (OUD).

Follow-Up on Prior NAC Meeting
Assistant Secretary Delphin-Rittmon then provided updates to inquiries that were made during the February NAC meeting:

- **Housing –** HHS Secretary Xavier Becerra chairs an Interagency Council on Homelessness (USICH), which harnesses the collective power of 19 federal agencies to coordinate the federal homelessness strategy and support state and local efforts to prevent and end homelessness. SAMHSA's Projects for Assistance in Transition from Homelessness (PATH) grant supports services to people with serious mental illness (SMI) who are experiencing homelessness and the CCBHCs are supposed to offer linkages to housing supports. SAMHSA also provides technical assistance.
- **Assisted Outpatient Treatment (AOT) –** SAMHSA has a grant to support States in implementing their AOT programs. Because this is forced treatment, it can be seen as controversial. But it is generally limited to individuals who are a harm to themselves or others.

Older Adults
Brian Altman, J.D. Director, National Mental Health and Substance Use Policy Laboratory

While SAMHSA doesn't have a specified workforce to serve the older adult population, Mr. Altman serves as the staff lead and has been engaged in the issue for over 20 years. As the population ages, there is more awareness of the needs of the older population. In addition, data has shown increased behavioral health needs. For suicide, older men have the highest suicide completion rates of all population groups.

Mr. Altman then shared SAMHSA resources that serve older adults:

- **Funding Opportunities** – While there currently aren't grants specific to older adult needs, there is a proposed grant for SAMHSA which would support behavioral health entities collaborating with aging agencies. And there is also a proposed grant with the Administration for Community Living (ACL) to conversely fund aging entities to partner with local behavioral health agencies.
- **Legislation** – The Consolidated Appropriations Act of 2023 now allows licensed mental health counselors and licensed marriage and family therapists to independently bill for Medicare. It also includes expanded funding to support collaborative care models in primary care settings, which is where older adults are more likely to seek services.
- **Center of Excellence** – SAMHSA funds the E4 Center of Excellence dedicated to serving the behavioral needs of older adults.

- **Publications** – SAMHSA recently published a Spotlight Brief from the 2021 and 2022 NSDUH specific focused on the behavioral health trends for older adults. There are several other publications specific to older adults.
- **Stakeholder Convenings** – This past month, SAMHSA convened a policy academy of five States focused on serving older adults. Annually, SAMHSA in collaboration with other Federal agencies convene an Older Adult Mental Health Awareness Day Symposium. The next one will occur on May 1, 2025.
- **Interagency Coordinating Committee (ICC)** – SAMHSA participates in this ACL-led committee. The ICC is currently seeing public comment on their proposed strategic framework.

Mr. Altman noted that there is a forthcoming paper that will look at Medicaid and Medicare claims data related to three specific behavioral health services. One finding thus far is the low access to medications for alcohol use disorder.

Discussion

NAC members shared the following questions and comments:

- **Older Adults in Recovery** – Dr. Johnson noted that older adults in his recovery program deal with loneliness, chronic disease, STDs and shame. He cited the incident of an older man who died from prostate cancer because he was ashamed to see medical staff who had difficulty finding a vein for blood draws. Mr. Altman noted that the Office of Recovery may do a meeting in 2025 specific to older adults in recovery.
- **Rural Populations** – Dr. Warren's brother recently passed and she noted that it was hard for him to get mental health care in his rural home. She added that he contacted 988 twice and they provided comfort. Tracy Neal Walden stated that the expansion of the collaborative care model is important for rural areas.
- **Military Caregivers and Families** – Tina Atherall stated that older adults in the military are more likely to have access to firearms. She added that family and caregivers are not served by the VA. She also referenced the Governors and Mayor Challenges. Mr. Altman noted that Brandon Johnson in SAMHSA's suicide branch is connected with these initiatives.
- **Upstream Efforts** – Rahn Kennedy Bailey emphasized the need to also go upstream with youth. He noted that post-COVID that has been an increase in gun purchases by young African-Americans. Mr. Altman shared that SAMHSA has convened two policy academies focused on suicide prevention for African-American youth.

Workforce

CAPT Chris Jones, Pharm.D., Dr.PH, M.P.H., Director, Center for Substance Abuse Prevention

CAPT Jones noted that workforce is one of the five SAMHSA pillars and is a cross-cutting concern throughout SAMHSA's offices and agencies. Specifically, there are three goals related to workforce:

- Improve the competence of service providers through professional development and technical assistance.

- Recruit, train and retain a diverse qualified workforce.
- Expand access to behavioral health providers by addressing the maldistribution of providers in different areas.

CAPT Jones noted that most of the workforce resources are within the Health Resources and Services Administration (HRSA). However, SAMHSA engages in the following workforce-related activities:

- **Improving the Workforce Pipeline** - SAMHSA programs include the Minority Fellow Program; the Prevention Fellowship program; The HBCU Center of Excellence; and other population-specific Centers of Excellence. He also noted that grant funds help to provide better wages and the CCBHCs have helped with sustainability which is a retention issue for staff.
- **Providing Leadership and Partnerships** – SAMSHA has developed standards such as the National Model Standards for Peer Certification and will soon launch a behavioral health workforce career navigator. It partners with NASADAD (e.g., a prevention workforce assessment) and State entities related to compact agreements.

SAMHSA also has a series of workforce-focused playbooks developed from technical expert panel and leverages their Office of Behavioral Health Equity (OBHE) to focus on equity right-sizing the workforce for underserved communities. SAMHSA is also working towards having the Department of Labor issue a job code classification for the prevention workforce.

Discussion

The NAC members then provided the following comments:

- **Community Health Workers (CHW**s) – Drs. Rabadán-Diehl and Johnson elevated the contributions that CHWs have as part of the workforce, particularly in rural and underserved areas.
- **Internships and Practicums** – Ms. Atherall shared that these are not billable and places a lot of pressure on professionals. CAPT Jones noted that there are internships within Federal agencies, including SAMHSA, the Indian Health Services and the Bureau of Prisons. It was also noted that SAMHSA's technical assistance Centers might provide some implementation science around starting up internships.
- **Burnout** – Ms. Atherall also noted that burnout is such an issue that many of her students choose this topic as their doctoral capstone.
- **Young People** – Cynthia Yue expressed appreciation for youth presence within the NAC but noted that SAMHSA needs to also go to the spaces that youth are naturally in and do marketing and listening sessions.
- **Equity** – Ms. Yue also shared that she was in Harvard when the Supreme Court ruled against the university's affirmative action program. However, the university has been able to find other creative ways to address equity and health equity concerns. CAPT Jones noted that SAMHSA uses the social vulnerability index which provides a composite measure for providing opportunities to historically underserved communities.

Legislative Updates
Michelle Greenhalgh, Director, Office of Legislative Affairs

Ms. Greenhalgh provided updates on the following legislation related to SAMHSA programs and funding:

- **Consolidated Appropriations Act, 2023** – This act codified SAMHSA's behavioral health crisis coordination office; increased funding for 988; expanded the Garrett Lee Smith program; and continued current telehealth flexibilities. It also mandated that SAMHSA and the DEA work to eliminate the X waiver requirement for medication-assisted treatment. And the Act replaced the word "abuse" to "use" in the block grant.
- **Consolidated Appropriations Act, 2023** – This Act expanded several programs including Project AWARE; primary behavioral health care integration; and building communities of recovery. It also had several equity directives related to outreach to underserved areas; Spanish-speaking individuals and LGBTQ+ youth.
- **Support for Patients and Community Act** – This is still pending but relates to reauthorization of over 30 existing SAMHSA programs**.**

In terms of emerging issues, Ms. Greenhalgh highlighted overdose prevention (e.g., fentanyl and xylazine); 988 georouting; CCBHC expansion; recovery services; and social media's impact on youth.

Office of Management, Technology and Operations (OMTO) Updates
Dan Lonnerdal, Director, Office of Management, Technology, and Operations (OMTO)

The Office of Management, Technology and Operations (OMTO) is responsible for the following:

- **Human Resources** – In addition to hiring and retention, OMTO has elevated having a more diverse workforce. They also have made space for self-directed employee resource and affinity groups.
- **Record and IT** – They are currently working to improve their IT enterprise solutions.
- **Operations** –This includes building management and security.
- **Administrative** – This includes travel arrangements, procurement and payroll. NAC members ethic clearances and honorariums are handled by OMTO.

Credentialing Work
Amanda Doreson, Senior Public Health Advisor, Office of the Chief Medical Advisor

SAMHSA has a new Joint Accreditation Award certificate which allows it to provide continuing education for their staff. These education opportunities include professional education webinars, learning series, lunch and learn discussions and Summit/Academies. Many are asynchronous to provide easy access. SAMHSA has an educational committee focused on this effort.

Discussion
NAC members shared the following questions and comments:

- **Administrative Barriers** – Dr. Bailey noted that the system and funding is designed so that interacting with the patient is the least valued activity (e.g., more focused on administrative activities).
- **Employee Resource Groups (ERGs)** – Dr. Warren welcomed SAMHSA's leveraging of ERGs. Mr. Lonnerdal noted that it began organically. There are groups for veterans; LBGTQ; fathers; parents with children who have disabilities; and the YARD (alumni of HBCUs).
- **CEUs/Loan Repayment** – SAMHSA does pay for staff CEU fees. They also have additional funds for student loan repayment beyond the Federal benefit.
- **NAC Member access to CEUs** – CAPT Castillo noted that as special employees, NAC members would be able to take advantage of these educational opportunities.
- **Logistics Flexibilities** – Dr. Johnson stated that those in recovery may not have credit cards which are required by hotels. He cited other out-of-pocket logistical hardships related to travel.
- **Senate Inquiry about Older Adults** – Tom Clarke shared that Senator Casey has asked NIDA to share research with his office related to behavioral health of older adults. There may be a hearing in December.

Public Comments
There were two public comments:

- Susan Kerin highlighted the unique concerns related to the behavioral health of the Arab-American community.
- Tracy Johnson expressed appreciation for prevention efforts related to BIPOC communities. He specifically highlighted the work of Dr. Johnson's Detroit Recovery Project and the African-American Behavioral Health Center of Excellence.

Closing Remarks/Adjourn
Assistant Secretary Delphin-Rittmon stated that the next NAC meeting is being planned for sometime between February and April 2025. However, she intends to host a "coffee hour" discussion before then. CAPT Castillo thanked everyone for their participation. He adjourned the meeting at 3:00 p.m.

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

October 23, 2024
Date

Miriam Delphin-Rittmon

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.