

**69th Meeting of the
Substance Abuse and Mental Health Administration (SAMHSA)
National Advisory Council (NAC)
March 22, 2021
Meeting Summary**

NAC Members:

Rahn Bailey, M.D.
Laura Howard, J.D.
Tracy Neal-Walden, Ph.D.
Cristina Rabadán-Diehl, PharmD., Ph.D.,
M.P.H
Allan Tasman, M.D.
Barbara Warren, Psy.D.
Sally Satel, M.D
Francisco Rodriguez-Fraticelli

Not in attendance

Jeffrey Geller, M.D., M.P.H.

SAMHSA Staff:

Tom Coderre
Valerie Kolick, M.A.
Twyla Adams, M.H.S.
Sherresa Bailey, M.P.A.
Robert Baillieu
Aida Balsano, Ph.D.
Fred Bamfo

Mitchell Berger, M.P.H.
Joseph Bullock, Ed.D.
Angela Caldwell, M.S.
Chris Carroll, M.Sc.
Emily Chan
Perry Chan, M.S.
Sonia Chessen, A.M.
Thomas Clarke, Ph.D.
Darrick Cunningham, LCSW
Lizette del Canto
Sarah Demeke, M.D., M.P.H.
David Dickinson

Dona Dmitrovic, M.H.S.
Anastasia Donovan

Amanda Doreson
Trina Dutta, M.P.P, M.P.H.
Anita Everett, M.D., DFAPA
Daniel Gallardo, M.P.H.
Jenifer Gianello
Tracy Goss
Carlos Graham, DHA, LCSW, LCAS
Arlin Hatch, Ph.D.
Lori Hayman, J.D.
Roxana Hernandez, M.P.H.
Anne Herron, M.S.
Patti Juliana, Ph.D., LCSW
Natassja Manzanero, M.S.
Sapphire Marc-Harris, M.Ed.
Timothy Mayo, M.A.
Theresa Mitchell Hampton, Dr.Ph. M.Ed.
Kim Nelson, LAC, M.P.A.
Christopher O'Connell, M.B.A.
Navind Oodit
Stacey Owens
Krishna Palipudi, Ph.D.
Charissa Pallas, MIM
John Palmieri, M.D.
Krishnan Radhakrishnan, M.D., Ph.D.,
M.P.H.
Raphaelle Richardson

Mary Roary, Ph.D.
Maron Selby
Nima Sheth, M.D., M.P.H.
Doug Tipperman, M.S.W.
Taylor Bryan Turner

Paolo del Vecchio, M.S.W.
Rosalie Vega
Nichelle Waller
Karen Warner
Eric Weakly, M.S.W., M.B.A.

Ex-Officio Representation:

Wilson Compton, M.D., National Institute on Drug Abuse (NIDA), on behalf of Nora Volkow, M.D.

Joshua A. Gordon, M.D., Ph.D.
National Institute of Mental Health

Neeraj Gandotra, M.D., SAMHSA

George F. Koob, Ph.D.
National Institute on Alcohol Abuse and Alcoholism

Marsden H. McGuire, M.D., M.B.A.
Office of Mental Health and Suicide Prevention, Department of Veterans Affairs

Rick Mooney, M.D, M.P.H.
Department of Defense (Health Affairs)
Aaron White, Ph.D.

Guests:

Robert Heinssen, Ph.D., NIMH

Chuck Ingoglia, M.S.W.
National Council for Behavioral Health
Aaron White Ph.D., NIAAA

Public:

Asra Ahmad
Janie Bailey-Simmons
Crystal Blyler
Cheryl Bowie
Jonathan Brown
Farhia Budul
Sarah Calvin
John T. Carnevale
Stephanie Cook
Cathy Costello
Erik Crankshaw
Jen Elder
Meredith Fox
Lisa Gardner
Stephanie Golder
Aaron Harris
Andrew Herrin
Sherri Johnson
Mariel Lifshitz
Richard Mooney
Rho Olaisen
Amanda Simms
Aisha Walker

Call to Order

Valerie Kolick, Acting Designated Federal Official called the 69th meeting of SAMHSA's NAC to order on March 22, 2021, at 1:00 p.m. The NAC was conducted as a virtual meeting. The members in attendance constituted a quorum.

Welcome, Introductions, Opening Remarks

Tom Coderre, the Acting Assistant Secretary for Mental Health and Substance Use, welcomed NAC members.

New NAC Members

Mr. Coderre introduced the following two NAC members and two SAMHSA staff:

- **Dr. Cristina Rabadán-Diehl** is a multidisciplinary scientist with over 30 years of experience working in academia, government and the private sector including with international multilateral organizations. Currently, she is an Associate Director at Westat. Dr. Rabadán-Diehl lost her 28-year-old son to an opioid overdose in June 2019, and is a member of S.O.U.L. (Surviving Our Ultimate Loss).
- **Dr. Rahn Bailey** is the Chief Medical Officer of Kedren Community Health Systems Inc., as well as Assistant Dean of Clinical Education at Charles R. Drew University. Dr. Bailey is a forensic psychiatrist and has written extensively on violence prevention, sexual violence, and gun violence.

Sonia Chessen is SAMHSA's new Chief of Staff.

- **Trina Dutta** is the new Senior Advisor to the Assistant Secretary.

Meeting Minutes

There were no edits to the September 3, 2020, NAC summary. Dr. Allan Tasman motioned to approve the minutes which Dr. Barbara Warren seconded. The minutes were approved.

SAMHSA Priorities and New Funding Opportunities

As a preface to the discussions, Mr. Coderre shared that he is an individual with lived experience and has been in recovery since 2003. He noted that both his treatment and recovery were due to SAMHSA grant funded programs. He most recently served as SAMHSA's Region I Regional Administrator. As the Acting Assistant Secretary, he is committed to representing SAMHSA to external stakeholders; supporting internal staff in their efforts; and setting the stage for the incoming Assistant Secretary once confirmed.

As detailed in its 2019-2023 Strategic Plan, SAMHSA has five primary priorities:

- Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services.
- Addressing Serious Mental Illness and Serious Emotional Disturbances.
- Advancing Prevention, Treatment, and Recovery Support Services for Substance Use.
- Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation.
- Strengthening Health Practitioner Training and Education.

The Biden-Harris Administration is aligned with these priorities and recognizes that healthcare is a right and behavioral health should be accessible and affordable. Other Administration priorities such as addressing the COVID-19 pandemic, economic relief, racial equity, and tribal sovereignty concerns all intersect with SAMHSA's work. There have been at least ten signed Executive Orders related to COVID-19 and overall health and equity concerns that SAMHSA will have a role in operationalizing.

SAMHSA Budget

SAMHSA has received \$6 billion in regular appropriations and an additional \$4.25 billion in supplemental relief due to COVID-19 as well as \$3.5 billion from the American Rescue Plan. The majority of funds have been earmarked for specific efforts. Most will go to states through the block grants. Other funding has been set-aside for special initiatives such as addressing suicide and expanding the number of certified community behavioral health clinics (CCBHCs).

In April 2021, SAMHSA will release five grant opportunities. Mr. Coderre also shared that SAMHSA has released the publication [Crisis Care: Meeting Needs; Saving Lives](#), which is based on the Crisis Now model that was shared by Dr. David Covington during the last NAC meeting. SAMHSA has also published [a toolkit](#) that provides guidance on how to develop a crisis care system.

Council Discussion

Following are the salient points from Councilmembers regarding the presentation:

- **Spending Priorities** – Dr. Bailey was pleased about the increased SAMHSA but wanted to know how SAMHSA would make decisions on priorities for spending the money. Mr. Coderre noted that most of the funding is prescriptive so there is not a lot of decisions at the federal level. However, states are being given flexibility to allow them to be strategic in their spending. Mr. Coderre added that while behavioral health is a global problem, he believes it is one that relies on local solutions as communities are in a better position to determine their priorities and needs. Mr. Coderre shared that SAMHSA has sent letters to State Directors with recommendations on how to use the funds and is offering technical assistance. SAMHSA has also been looking at waiver opportunities to allow the state flexibility with their spending. Lastly, the National Association of State Alcohol and Drug Abuse Directors plans to have spending approaches as a topic during their next annual conference.
- **Racial Equity** – Dr. Rabadán-Diehl asked about SAMHSA’s work with racial equity, also noting the inequities related to behavioral health are much deeper than merely racial disparities. Mr. Coderre agreed and introduced Dr. Mary Roary who heads SAMHSA’s Office of Behavioral Health Equity. Dr. Roary also participates on an interagency task force related to equity issues.
- **Hispanics and Opioids** – Dr. Rabadán-Diehl also noted that SAMHSA has recently published the issue brief [Opioids and Hispanic/Latino Populations](#), which she has found to be a compelling and useful resource. She noted that the report indicates that the most at-risk age is school-aged children, which indicates that funding should be appropriated for prevention services.
- **Services for Non-Binary Gender Communities** – Dr. Warren noted that there are states, which are making laws that may make it harder for Trans and Queer individuals to access treatment. She wanted to know if SAMHSA has made efforts to measure and also to address discriminatory concerns. She noted that SAMHSA has added gender identity to the data collection process. Anita Everett responded that she can look more closely at this and report back on the findings. She also noted that the National Household Survey on Drug Use and Health has been collecting data and SAMHSA is very aware and particularly concerned about the increased risk of suicide for individuals who identify as LBGQTQ.
- **State Perspective** – Ms. Laura Howard shared that it has been helpful for states to get SAMHSA’s guidance on the spending. She noted that while there are immediate needs (e.g., COVID-19 and behavioral health disparities), there is also a need for systems investment so that states and local entities are prepared for the future and long-term needs. This is particularly important because social determinants of health needs are often outside the Single State Agency and require braided funding and coordination. Mr. Coderre said that these comments have been echoed by other state representatives and SAMHSA has been working to provide some flexibility. SAMHSA is also concerned about not creating a “cliff” when funding ends with no sustainability. He suggested that states should feel free to contact SAMHSA if they have needs, which they are not able to meet due to conditions on how the money is to be used.

- **The Role of Alcohol** – Dr. Aaron White shared that NIAAA has data that shows that while alcohol alone has been a problem, it has also been a contributing factor for other diseases of despair (other drug use, suicide, etc.). He commented that it is important to work collaboratively because of the interplay of different issues (alcohol, Serious Mental Illness, Substance Use Disorder (SUD)) as well as the intergenerational impact. Mr. Coderre agreed with these concerns and noted that alcohol sales have increased during COVID-19 and SAMHSA will be paying attention to that. SAMHSA does not get money specific to alcohol, but the states do have flexibility to address both alcohol and prevention needs.
- **Marijuana and Psychedelics** – Dr. Warren asked whether SAMHSA has developed policies for the use of these substances therapeutically (e.g., for Posttraumatic Stress Disorder). Mr. Coderre said that he was not prepared to respond to that today, but will incorporate this discussion into the agenda for the next NAC meeting.
- **Communications and Materials** – Dr. Allan Tasman requested that SAMHSA develop more factsheets which the NAC Councilmembers can help circulate. He also asked that NAC members receive SAMHSA email blasts. He also added that while he knows it is difficult, Councilmembers will be better prepared for these meetings if they can get copies of the presentations earlier, even if they are just draft versions. Mr. Coderre indicated that he is amenable to all these requests.

Lessons Learned during the Pandemic

Dr. Neeraj Gandotra, Chief Medical Officer, Office of the Chief Medical Officer (OCMO)

Dr. Gandotra began by saying that COVID-19 has highlighted concerns that SAMHSA had long been aware. Specifically, that behavioral health services are inadequate to meet needs; there is still stigma; and there are significant racial disparities in access to services. In 2019, 61.2 Americans had a mental illness and/or substance use disorder. Many are not getting treatment.

Behavioral health facilities were unprepared in the early days to continue services amid COVID-19. While these facilities have since adapted, the pandemic has created a spiral downward trend in many social determinants of health (e.g., housing, employment, food security) as well as isolation. Some of the repercussions are still not measurable (like domestic violence) and others will have long-term impact (e.g., suicide, new addictions). The only silver lining has been that the pandemic has reduced stigma.

Dr. Gandotra highlighted that there have been racial disparities (e.g., Hispanics and African-Americans have higher suicide and suicide thinking) and that healthcare workers themselves have been traumatized by their experiences. In support of provider and patient needs, SAMHSA has been engaged in a number of ways to help during the pandemic. Activities include the following:

- **Telehealth** – SAMHSA, Federal Emergency Management Agency, and the Centers for Disease Control and Prevention (CDC) worked together with the Drug Enforcement Administration and the Centers for Medicare and Medicaid Services to allow for same-level reimbursement and flexibility in providing telehealth services. This included allowing telephonic visits as older patients and those in rural locations may not have

internet/computer access. SAMHSA provided several TA webinars to support over 300K providers in making the telehealth transition.

- **Medication-Assisted Treatment (MAT) and Narcan** – There has been greater flexibility in the distribution of Narcan. In addition, midlevel providers were authorized to receive waivers for MAT. There has also been more flexibility in terms of MAT induction rules.
- **Supplemental Funding** – SAMHSA staff worked quickly (including over the Easter 2020 weekend) to distribute emergency supplemental funding to states and tribes.

SAMHSA’s future plans will include examining the impact of telehealth flexibilities to assess what options would be beneficial to continue after the pandemic. SAMHSA also plans to improve public-facing communications (e.g., helplines) and focus on efforts to expand the workforce.

Council Discussion

Following are the salient points from Councilmembers regarding the presentation:

- **Fentanyl Test Strips** – Dr. Rabadán-Diehl noted that her son died from a fentanyl overdose and Fentanyl is increasingly being used with or as opioids with increasingly lethal outcomes. Fentanyl strips would help users detect it. Dr. Gandotra said that SAMHSA does support harm reduction. Mr. Coderre added that he would need to get back to her about the allowability of this approach. He noted that he is from Rhode Island where Dr. Traci Green has done a lot of research on this issue.
- **Needle Distribution** – Dr. Bailey is from Los Angeles which has the largest homeless population and these individuals often share needles. Dr. Gandotra reiterated that SAMHSA supports harm reduction and limitations are often at the state-level. He added that other conditions (e.g., HIV, hepatitis) create the mortality which is the rationale behind these harm reduction approaches. He added that it is important to address social determinants of health. However, since SAMHSA is specific to SUD and mental illness, this requires states to develop braided funding streams and coordinated case management approaches.
- **Buprenorphine Providers** – Dr. Warren asked if there will be more trainings to expand access to other providers. Dr. Gandotra shared that SAMHSA is committed to increasing buprenorphine access. They will soon be providing more guidance on that.
- **Telehealth** – Dr. Warren said that her practice actually increased during COVID-19, predominantly because of the telehealth options. She wanted to know if the flexibilities would continue after the pandemic. Dr. Gandotra echoed some of the positive benefits of telehealth including reduced stigma, and increased access. SAMHSA, NIDA, the CDC and states are looking into the data on this. Dr. Marsden McGuire noted that veteran preferences will inform what options the U.S. Department of Veterans Affairs will use long-term. Mr. Coderre added that peer recovery specialists have responded positively to telehealth because it is safer for them.
- **COVID-19 Disparities and Vaccines** – Dr. Joshua Gordon felt it was important to emphasize that individuals with mental illness, most notably individuals with schizophrenia, were three times more likely to contract COVID-19 as well as three times

more likely to die. He felt it was important for them to be a prioritized group in receiving a vaccine.

- **Provider Self Care** – Dr. Tracy Neal-Walden asked how SAMHSA has been helping providers who have experienced burnout, depression, and vicarious trauma. Dr. Gandotra noted that 10 percent of the CARES Act funding has been set aside for services to support providers. In the long run, SAMHSA recognizes they need to work to increase the workforce.

CCBHCs

Dr. Anita Everett, Director, Center for Mental Health Services and
Mr. Chuck Ingoglia, President and CEO, National Council for Behavioral Health

Dr. Everett noted that CCBHCs were federally authorized in 2014 and were intended to be a place where you “would want a family member to go” if they experienced a psychotic episode. In the early years, the program focused on developing certification criteria, a planning grant; and several state demonstration grants. There are now 134 CCBHC grants.

CCBHCs are 24/7 operations that are available to everyone regardless of ability to pay and residence. In addition to treatment services, CCBHCs also provides primary care, outpatient services, family support, and case management. However, these ancillary services may be contracted rather than directly supported at the location.

Outcomes¹ have shown that clients who access CCBHCs had better everyday outcomes and stable housing as well as decreases in hospitalization and criminal justice involvement. There will be 74 new grantees awarded in 2021. The number of CCBHCs and variability among them will allow SAMHSA to gather data on the effectiveness of different approaches.

Mr. Chuck Ingoglia noted that the vision of the CCBHCs is to “bring parity to the safety net.” Like physical health, individuals with behavioral health needs should receive on-demand integrated and person-centered care. Mr. Ingoglia shared that the most common technical assistance requests his organization receives from CCBHC staff are:

- Serving patients with co-occurring disorders.
- Providing screening for primary care service.
- Being person-centered.
- Staffing teams.
- Evidence-based approaches and associated barriers/payment concerns.
- Working with Veterans and their support organizations.
- Risk management.
- Sustainability.

Council Discussion

Following are the salient points from Council members regarding the presentation:

¹ At six-month follow-up.

- **CCBHCs in rural and tribal areas** – Dr. Rabadán-Diehl asked whether there are significant CCBHCs across rural and tribal nation communities. Dr. Everett stated that the demand still exceeds supply and rural locations find it harder to sustain a CCBHC. However, SAMHSA is working on outreach and support for that, including ways to leverage telehealth.
- **Grant writing and start-up** – Dr. Warren commented that organizations located in areas of need are under resourced and thus less likely to compete for a CCBHC grant. She suggested using something like the Peace Corps model or an ECHO program to help these communities with the start-up activities for a CCBHC. Ms. Dona Dmitrovic noted that the prevention approach is also a good model because it is more “whole community” focused (e.g., the strategic prevention framework). Dr. Compton noted that the National Institutes of Health has developed some program set-asides for entities that have never received a grant. Dr. Rabadán-Diehl also suggested that SAMHSA partner with the American Rural Health Association (e.g., present at their annual meeting).
- **Alternatives to Comprehensive Services** – Dr. Everett acknowledged that some CCBHCs have a relationship with federally qualified health centers or other entities to meet some of the requirements such as physical health and prevention services.

Telehealth Opportunities and Challenges

Dr. John Palmieri, Public Health Advisor, OCMO

Dr. Palmieri stated that the following key changes to telehealth were made by Federal decision-makers as a result of COVID-19:

- Allowance for telephone (audio only) visits, including for MAT.
- Expansion of provider types eligible to bill for telehealth services.
- Allowance to have telehealth visit from the home.
- Enforcement discretion related to the Health Insurance Portability and Accountability Act (HIPAA) rules.
- Relaxation of supervision requirements as well as geographic area restrictions.

He did caution that states, Medicaid, Medicare and others varied in terms of the flexibility and accommodations that were allowable within their systems.

The adoption of telehealth by both providers and patients has been robust, yet there were and still are lapses and disruptions in service delivery. In terms of organizational challenges, Dr. Palmieri highlighted the following:

- Reaching the most vulnerable populations.
- Increased needs most specifically related to overdoses and suicide.
- The need for telehealth infrastructure and training.
- Staffing shortages.
- Reimbursement coverage.

He noted that the more successful organizations employed change management practices ranging from better communication; identifying champions; and using an iterative improvement process cycle.

In terms of post-COVID-19 approaches, Dr. Palmieri stated that research to assess the value of telehealth will examine factors such as client risk and outcomes; client needs and preferences; regulations; costs; and provider needs and preferences.

However, initial data seems to indicate that telehealth has a potential to be a game changer in behavioral health service delivery and has a positive impact on improving access for underserved populations.

Amanda Doreson noted that SAMHSA's Policy Lab is currently working on a Guidebook about how to use telehealth to treat mental illness and substance use disorders. It should be released in the next several months.

Public Comments

There were several public comments:

- **East Africa Community** – Ms. Farhia Budul is an immigrant from East Africa in long-term recovery. She noted that her community in Minneapolis has been hit hard by the opioid epidemic (e.g., she goes to a funeral every weekend) and there is still a lot of stigma and shame associated with SUD. She noted that there is not even data collected regarding her community. In addition, there are language and cultural barriers for services. Mr. Coderre greatly appreciated Ms. Budul's remarks. He noted that states get most of the funding for services and SAMHSA can share information with them about targeting her communities. Ms. Sonia Chessen noted that there is a lot of technical assistance focused on racial inequity and SAMHSA needs to explore who are the forgotten community. Dr. Roary shared her contact information for a follow-up conversation about Ms. Budul's community needs.
- **Leveraging Partnerships** – In response to the above conversation, Dr. Rabadán-Diehl suggested that the next NAC meeting include an agenda item focused on how to leverage public-private partnerships to focus on some activities that may not be within SAMHSA's wheelhouse. The conversation could also focus on how these approaches improve accountability and sustainability. Mr. Coderre noted that there is a SAMHSA Regional Administrator who has actually been showcasing such partnerships.
- **Staff Turnover** – Mr. John Carnevale expressed concern about SAMHSA's capacity with attrition of staff coupled with increased demand due to COVID-19. Mr. Coderre noted that SAMHSA recognizes the need to rebuild the agency and is committed to bringing new staff with passion and needed skills. He noted he wants to create an internal culture to make employees feel valued and afford them flexibility to contribute in a meaningful way.
- **Mushrooms and Marijuana** – Ms. Cheryl Bowie has had health issues including spinal surgery and she has found therapeutic pain management from mushrooms and marijuana. These substances have also obviated her need for opioids as part of her pain management

needs. She noted that access and stigma are problems. Mr. Coderre noted that Dr. Warren has also asked that this be added to the agenda for the next NAC meeting.

- **Children and Telehealth** – Ms. Crystal Blyler wanted SAMHSA to expand its research on telehealth to include a particular focus on children since often their services are more interactive (e.g., play health). Dr. Everett noted that for adolescents, telehealth seems to be preferred, but for younger children, there is a lot of variability. There is also the issue of privacy for a child at home (e.g., a child at risk of abuse). SAMHSA does have sections that focus on child-related issues.
- **42CFR Consent Process** – The regulations are expected to go into effect and a member of the public asked whether SAMHSA would be enforcing the regulations. Mr. Coderre noted that the CARES Act had several changes to the Consent Process that SAMHSA is working on. Dr. Gandotra stated that the U.S. Department of Health and Human Services with the Office of Civil Rights is spearheading an effort to examine “line by line” the requirements and how they align with HIPAA regulations. There will be a public comment period. However, Dr. Gandotra was not able to provide a timeline as of yet.

Closing Remarks/Adjourn

The Acting Assistant Secretary thanked everyone for their participation. He adjourned the meeting at 4:13 p.m.

Certification

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

____6-8-2021_____
Date

____/signed/_____
Tom Coderre
Acting 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.