U.S. Department of Health and Human Services

Minutes of the Interdepartmental Serious Mental Illness Coordinating Committee Full Committee Meeting

December 16, 2021, 1:00 p.m. to 4:30 p.m. (Eastern Time Zone)
Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Rockville, Maryland 20857

/Miriam Delphin-Rittmon, Ph.D./
signed 01/27/2022
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OPEN SESSION

Call to Order, Committee Roll Call

Pamela Foote, Designated Federal Official, ISMICC, Program Analyst, Center for Mental Health Services, (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA)

Ms. Pamela Foote, Designated Federal Official, Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC), called the meeting to order at 1:00 p.m. and a quorum was established.

Federal ISMICC Members or Designees Present

- Joel Dubenitz, Designee, Secretary of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE); Social Science Analyst, Division of Behavioral Health and Intellectual Disabilities Policy
- CAPT. Meena Vythilingam, M.D., Designee, Secretary of Health and Human Services; Director, HHS Center for Health Innovation
- Miriam E. Delphin-Rittmon, Ph.D., ISMICC Chair, Assistant Secretary for Mental Health and Substance Abuse, Substance Abuse and Mental Health Services Administration
- Alison Leukefeld, Bureau of Prison, The Attorney General, Department of Justice
- Sandy Resnick, Ph.D., Designee, Department of Veteran Affairs; Deputy Director, Northeast Program Evaluation Center (NEPEC), Office of Mental Health and Suicide Prevention, Virginia Central Office (VACO), Department of Veterans Affairs (VA)
- Richard Mooney, M.D., Designee, Secretary of Department of Defense; Acting Deputy Assistant Secretary of Defense, Health Services Policy and Oversight
- CAPT. Ken Richter, Designee, Secretary of Department of Defense
- David Gonzalez-Rice, Ph.D., Designee, Secretary of Housing and Urban Development
- Christy Kavulic, Designee, Department of Education; Office of Special Education Programs
- Taryn Williams, Secretary, Department of Labor
- Marion (Taffy) McCoy, Ph.D., Commissioner, Social Security Administration

Federal ISMICC Members Not Present

- Administrator of the Centers for Medicare and Medicaid Services (CMS)

Non-Federal ISMICC Members Present

- Trinidad de Jesus Arguello, Ph.D., LCSW, PMHRN-BC, Director, Compostela Community and Family Cultural Institute
- Yasmine Brown, M.S., CEO, Hope Restored Suicide Prevention Project, LLC
- Ron Bruno, Founding Board Member and Second Vice President, Crisis Intervention Team (CIT) International
- David Covington, LPC, MBA, CEO and President, Recovery Innovations (RI) International
- Pete Earley, Author
- Brian Hepburn, M.D., Exec. Director, National Association of State Mental Health Program Directors (NASMHPD)
- Jennifer Higgins, Ph.D., CCRP, Owner, Commonwealth GrantWorks
Welcome and Consideration of October 27, 2021, Minutes
Miriam E. Delphin-Rittmon, Ph.D., ISMICC Chair, Assistant Secretary for Mental Health and Substance Use; Pamela Foote, Designated Federal Official, ISMICC

Dr. Delphin-Rittmon greeted the ISMICC members, thanking them for their participation, and turned the meeting over to Ms. Foote.

Ms. Foote opened the floor for comments on the minutes from the October 27th meeting. Seeing none, she called for a vote and the minutes were accepted unanimously.

Comment on the 2021 ISMICC Report to Congress and Overview of Other Current HHS/SAMHSA Federal Efforts
Miriam E. Delphin-Rittmon, Ph.D., ISMICC Chair, Assistant Secretary for Mental Health and Substance Use

Dr. Delphin-Rittmon thanked members for their input on the latest report to Congress, which is in clearance and will hopefully be submitted in the week following the meeting. She then offered a summary of SAMHSA’s other efforts.

Dr. Delphin-Rittmon explained she co-leads the Behavioral Health Coordinating Council (BHCC) with Admiral Rachel Levine. The BHCC provides an opportunity for collaboration across HHS, advancing Secretaries Becerra’s vision of “One HHS” and includes five subcommittees: Suicide Prevention and Crisis Services; Performance Measures, Data, and Evaluation; Behavioral and Physical Health Integration; Children and Youth Behavioral Health; Overdose Prevention. The subcommittees address cross-cutting issues involving health care equity, workforce development, financing, and reducing stigma. These areas overlap SAMHSA’s own priorities and cross-cutting principles, including recovery.

Dr. Delphin-Rittmon explained that although recovery is not one of the specific focus areas of the BHCC, integrating recovery in every effort is the focus of the Office of Recovery, which launched in September 2021 and sits within her office. With a dedicated team that has a deep understanding of
recovery, the Office promotes: policies, programs, and services to those in or seeking recovery; involvement of those with lived experience; equity for services; relationships with organizations in the mental health and substance use recovery field; training and public education on recovery; philanthropic partnerships; implementation of recovery resources, including the Peer Center for Excellence.

Dr. Delphin-Rittmon announced that Captain Karen Hearod is the new director of the Office of Tribal Affairs and Programming (OTAP). CAPT. Hearod introduced herself to the ISMICC as a citizen of the Choctaw Nation of Oklahoma, noting her previous role as the Region 6 Administrator for SAMHSA. She explained American Indian and Alaskan Natives experience health disparities due to multiple factors, including historical trauma and social policy and economic conditions. OTAP addresses these disparities through consultation, outreach, education, and engagement.

Dr. Delphin-Rittmon stated CAPT. Hearod will be working with tribal partners and communities to update the Tribal Behavioral Health Agenda, which still guides much of SAMHSA’s current work as evidenced by the cross-cutting components and foundational elements. Further, Dr. Delphin-Rittmon stated that she recently joined First Lady Jill Biden on a visit to the Saginaw Chippewa Indian Tribe Project AWARE Grantee site in Michigan. This grantee has successfully partnered with two other local education agencies to develop a healthier school climate for all children, cultivate supportive staff, increase identification of children and adolescents at risk for behavioral health conditions and provide a pathway to treatment services.

Dr. Delphin-Rittmon presented 2020 data from the National Survey on Drug Use and Health (NSDUH) on the co-occurrence of serious mental illness (SMI) and substance use disorders (SUDs) among American Indian/Alaskan Natives ages 18 or older. About 25.8 percent had a substance use disorder, 6.6 percent had an SMI, and 3.9 percent had both SMI and SUD. Further, each data point is significantly higher than the national average.

Regarding opioid use for American Indian/Alaskan Natives ages 12 and older, there was a very significant increase over 2019 while there was a significant decrease for individuals ages 18 to 25. Regarding those with suicidal thoughts, plans, or attempts, the data showed individuals identifying as “two or more races” have the highest rates in any category. These concerning statistics are a critical focus area for the BHCC and for SAMHSA.

Dr. Delphin-Rittmon then turned the meeting over to Ms. Sherine Hargrove from the Office of the General Counsel, Public Health Division within the Department Health and Human Services to discuss the concept ISMICC working groups.

**ISMICC Working Groups**

*Sherine Hargrove, HHS Office of the General Counsel, Public Health Division*
Ms. Hargrove greeted participants and explained that the ISMICC is a statutory advisory committee established by Section 6031(f) of the 21st Century Cures Act (Cures Act). Further, the ISMICC is governed by its authorizing statute and subject to the Federal Advisory Committee Act (FACA) regulations, (e.g., having a federal official attend the meeting, maintaining detailed meeting minutes, making advisory committee records available for inspection and copying, etc.). Ms. Hargrove stated at times advisory committees need to convene a subset of experts for input that is later presented to the larger committee for deliberation. Also known as subcommittees, working groups are permitted through Section 6031(f) of the Cures Act in carrying out its functions and shall be composed of committee members, or their designee. Working groups, temporary in nature, may meet as necessary when the designated federal official is informed. Notably, they must provide input to the advisory committee, not federal officials, and are subject to applicable HHS federal advisory committee management policies. Ms. Hargrove also pointed out that the ISMICC charter provides that working groups are not permitted to provide advice or work products directly to HHS and recommendations must be deliberated by the full ISMICC. She again emphasized that the ISMICC working groups must report directly to the ISMICC, whether its members are drawn in whole or in part from the parent advisory committee; this allows for working groups to be composed of non-federal members.

Dr. Delphin-Rittmon thanked Ms. Hargrove for explaining the parameters surrounding working groups and turned the meeting over to Dr. Anita Everett, Director, Center for Mental Health Services, SAMHSA.

**Overview of ISMICC Planning Session**

*Anita Everett M.D., DFAPA, Director, Center for Mental Health Services, SAMHSA*

Dr. Anita Everett thanked Ms. Hargrove for educating the group, which would inform the ISMICC moving forward. She then pointed members to the worksheet and first report to Congress disseminated prior to today’s meeting. The worksheet is divided into four main sections: possible development of a supplemental report; ISMICC focus areas and recommendations; structure of the federal partner workgroups; the role of non-federal partners. Additional comments will be accepted until close of business on December 31, 2021. SAMHSA staff will review all submitted comments and recommendations to develop a plan that will be sent to all ISMICC members in January 2022.

Dr. Everett turned the meeting over to Cynthia Kent, Deputy Director, CMHS.

**ISMICC Planning Session Discussion**

*Cynthia Kemp MA, LPC, Deputy Director, Center for Mental Health Services*

Ms. Cynthia Kemp greeted members, expressing excitement to be working with them again. She then introduced Captain David Morrissette, the initial SAMHSA staff lead on ISMICC, who greeted participants. CAPT. Morrissette explained the powerful recommendations proposed in the 2017 report by the nonfederal ISMICC members helped the federal government improve the lives of people with
SMI and their families. He noted that federal ISMICC members embraced many of the recommendations, especially those touching the agencies where they worked. After four years, it is now time to review lessons learned and revisit the recommendations and focus areas.

CAPT. Morrissette explained how the planning session would be conducted with the help of Jami Craig, MA, technical writer for today’s meeting.

ISMICC Planning Session Worksheet

<table>
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<tr>
<th>I. Supplement: Not all the work of the federal partners was able to be captured in the 2021 Final Report to Congress.</th>
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<tbody>
<tr>
<td>1. Do you want to recommend that a supplement report be developed in the final year as an addition to the final 2021 Report to Congress? If so, what do you want it to include?</td>
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<tr>
<td>Response:</td>
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<tr>
<td>● Mr. Earley: Operate as if ISMICC only one year left; in favor of supplement to highlight needs/goals yet to be achieved, which would require pinpointing priorities and include telemedicine, etc.; requires better coordination and definition about what’s important to ISMICC and SAMHSA, (not that ISMICC will agree with them); the first report focused on non-federal priorities and, moving forward, all stakeholders should weigh in.</td>
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<tr>
<td>● Mr. Bruno: If the ISMICC does not continue, supplementation would be very beneficial; concurs with Mr. Earley about successes; point out areas that need more work.</td>
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<tr>
<td>● Mr. Covington: If ISMICC does continue, integration of efforts is important. Already strong in crisis and suicide prevention, focus on mobile crisis services and alternatives for justice diversion; take baby steps regarding 988 roll out</td>
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<td>● Dr. Hepburn: Supplement should flow from cross-cutting initiatives and include consideration of COVID; identify roles of non-federal partners and ways to push forward the recommendations.</td>
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<tr>
<td>● Dr. Vythilingam: Prioritize mental health gaps and challenges; rely on data, (e.g., comorbidities, disabilities, etc.).</td>
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<tr>
<td>● Judge Leifman: Agrees with adding supplement; very concerned with expectations around 988 and it becoming antiquated by the time it is fully operational; suggests a roadmap of roll out.</td>
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<tr>
<td>● Mr. Earley: Only include one or two priorities, (e.g., focus on 988).</td>
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## II. ISMICC Focus Areas and Recommendations:

Given that ISMICC has one year left and not knowing at this point whether Congress will reauthorize the committee, we need to think through how we want to focus the ISMICC work for the next year. The five Focus Areas and 45 recommendations developed by the non-federal ISMICC members have guided the work of the federal partners for the past 4 years.

### 1. Do you recommend that all five focus areas continue as is? Or are there any of the five focus areas that you recommend revising or retiring?

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<tr>
<th>Response</th>
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<tbody>
<tr>
<td>Dr. Higgins: Find ways for EHRs to share data (Focus area 1).</td>
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<tr>
<td>Dr. Warburton: Focus on workforce issues; diversion from criminal justice, particularly for those with SMI.</td>
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<td>Mr. Bruno: Engage non-federal members in review along with federal members; establish a workgroup around 988 roll out (4.2); prioritize recommendations already put forth.</td>
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<td>Mr. Covington: (2.8) “including coverage of peer and family supports”; align with cross-cutting initiatives.</td>
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<tr>
<td>Ms. Lipp: Emphasize peer support/workforce (pg. 16) in focus 2; explore technological innovations (2.7) addressing affordability.</td>
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<td>[CAPT. Morrissette reminded the group to contact Ms. Foote with recommendations that arise after the meeting.]</td>
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<tr>
<td>Dr. Vythilingam: Create strategic recommendations in light of COVID (telehealth); include robust technology section with data analysis.</td>
</tr>
<tr>
<td>Mr. Earley: Focus on children and adolescents; he will forward comments to Ms. Kemp.</td>
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<tr>
<td>Judge Leifman: Use ACES earlier to interrupt pipeline; emphasize and use advanced technology to improve access; there should be a one-stop for services supported by technology.</td>
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<tr>
<td>Mr. Gonzalez-Rice: Focus on making housing resources more accessible and strengthening partnerships between housing and services; promoting the promise of Olmstead and ensuring home-based and community services are more readily available.</td>
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<tr>
<td>Mr. Dubenitz: Focus on one or two priorities that can become an issue brief.</td>
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<td>Ms. Williams: Existing areas are broad enough; however, equity across all five areas should be highlighted.</td>
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<tr>
<td>Dr. de Jesus Arguello: Focus on those incarcerated, including those with SUD.</td>
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### 2. Do you recommend any new focus area(s) be added? Or do you recommend that we add any cross-focus area workgroups to highlight a specific issue(s)?

| 8 |
Response:

3. Are there any of the 45 recommendations that you would propose as priority areas for the next year?

1. Do you recommend that the federal partners re-establish the workgroups associated with each focus area?

Response:

- Mr. Earley: Agrees with the concept of workgroups, the question is how.
- Dr. Warburton: Add a sixth group to address emerging issues. Mr. Dubenitz agrees though it may be challenging to add it with only a year left.
- Ms. Lipp: Supportive of working groups; include academia in group membership.
- [Dr. Everett: WGs tracking with each recommendation in Jan. 2022 and prioritize.]
- Dr. Hepburn: BHCC aligns with work of ISMICC > Judge Leifman and Alison Leukefeld concur.
- Dr. Higgins: Align quality measures/ CCBHCs with state level measures.

2. If you propose to re-establish the workgroups, what specific recommendations do you have for the workgroup stewards who are managing the focus area workgroups? If not, what structure do you propose?

Response:

IV. Non-Federal Partners Role:
The non-federal members developed the 5 focus areas and 45 recommendations in 2017. Since then, their role or potential role, other than as advisory, has not been clearly defined.

1. What role might the non-federal partners have in promoting the work of the ISMICC and engaging the public to further the work?
Dr Hepburn: Non-federal partners can’t do it all; suggests narrowing the focus on 988 and crisis services; identify how ISMICC can ensure success of 988 and how all stakeholders can be a part of that, including helping others working on these initiatives.

Dr. Everett: Revive the newsletter; reminder - the ISMICC can continue under the Asst. Secretary without authority of Congress

Ms. McCoy: All ISMICC members should work together; non-federal members play a vital role in disseminating information, (didactic and lived experience), with their different avenues into the community; each working group could address technology instead of having a separate group on the topic; establish means to communicate about all the available tools.

Mr. Covington: Leverage interdisciplinary characteristics of the ISMICC (ambassadors).

Ms. Lipp: Create films, videos, and marketing campaigns to increase visibility.

2. Do you recommend that the non-federal partners have input in the focus area workgroups? If so, what do you envision?

Response:

Ms. McCoy: Outreach to Native American communities (CAPT. Hearod); Boys and Girls Clubs; determine who should be included in discussion on policy changes.

Public Comment

Pamela Foote, Designated Federal Official, ISMICC

Ms. Kemp thanked CAPT. Morrissette for his facilitation and turned the meeting over to Ms. Foote, who opened the meeting for public comment. She stated those who called in and requested to speak would be called upon in the order that the requests were submitted. Everyone was given up to three minutes to share their public comment, which would become part of the meeting minutes. Participants were as follows:

1. Sonja Burns
2. Jeanne Gore
3. Diane Rabinowitz – will not read
4. Doug Dunbar
5. Ann Corcoran
Ms. Foote thanked each caller, adding that all submitted written comments, including those unread, would be available in full, for the written record of this meeting. Ms. Foote turned the meeting over to Dr. Delphin-Rittmon for closing comments.

**Final Comments and Adjourn**

*Miriam E. Delphin-Rittmon, Ph.D., ISMICC Chair, Assistant Secretary for Mental Health and Substance Use*

Dr. Delphin-Rittmon thanked all participants, noting the robust discussion and helpful input. She wished everyone a happy holiday. Seeing no further questions or comments, Ms. Foote adjourned the meeting.