71st Meeting of the 
Substance Abuse and Mental Health Services Administration (SAMHSA) 
National Advisory Council (NAC) 
March 24, 2022 
Meeting Summary

NAC Members: 
Laura Howard, J.D. 
Rahn Kennedy Bailey, M.D. 
Tracy Neal-Walden, Ph.D. 
Cristina Rabadán-Diehl, Pharm.D., Ph.D., M.P.H 
Francisco Rodríguez-Fraticelli 
Sally Satel, M.D. 
Allan Tasman, M.D. 
Barbara Warren, Psy.D. 

SAMHSA Staff: 
Miriam Delphin-Rittmon, Ph.D. 
Tom Coderre 
Valerie Kolick, M.A. 
Shala Anderson, M.P.H., CHES 
CAPT Jeff Coady, Psy.D., ABPP 
David Dickinson, M.A. 
Dona Dmitrovic, M.S. 
Anita Everett, M.D., DFAPA 
Anne Herron, M.S. 
Kurt John, Ed.D., M.P.A., M.S.F. 
CAPT Michael King, Ph.D., M.S.W. 
Yngvild Olsen, M.D., M.P.H. 

Enid Osbourne, Ph.D. 
Charissa Pallas, M.A. 
Mary Roary, Ph.D. 
Dennis Romero, M.A. 
James Wright, LCPC 

Ex-Officio Representation: 
Marsden H. McGuire, M.D., M.B.A., Department of Veterans Affairs 
George F. Koob, Ph.D., National Institute on Alcohol Abuse and Alcoholism 
Aaron White, Ph.D., National Institute on Alcohol Abuse and Alcoholism 
Jennifer Hobin, Ph.D., National Institute on Drug Abuse (NIDA), on behalf of Nora Volkow, M.D. and Wilson Compton, M.D., MPE 
Joshua A. Gordon, M.D., Ph.D. 
National Institute of Mental Illness 

Guests: 
Crystal Blyler, Ph.D. 
Maggie Jarry, M.Div. 
Andrea Maresca, M.P.H. 
Philip Skolnick, Ph.D., D.Sc. 

Call to Order 
On behalf of CAPT Carlos Castillo, Valerie Kolick served as the substitute Designated Federal Official and Committee Management Officer. She called the meeting of SAMHSA’s NAC to order on March 24, 2022 at 1:01 p.m. The NAC was conducted virtually. The members in attendance constituted a quorum.

Welcome, Introductions, Opening Remarks 
Tom Coderre, Acting Deputy Assistant Secretary for Mental Health and Substance Use welcomed NAC members, which was followed by introductions of NAC members.

He thanked NAC member Dr. Sally Satel whose term expires after this meeting.
Consideration and Approval of the August 30, 2021 Minutes
There were no edits to the August 30, 2021, NAC summary. It was motioned for approval and seconded.

Update on SAMHSA Budget and Funding Opportunities
Kurt John, Ed.D., Acting Director of SAMHSA’s Office of Financial Resources

Dr. John provided the following updates:

- **Fiscal Year (FY) 2021 Funding and Awards** – SAMHSA received a base funding of $5.8 billion plus an additional $3.3 billion through the American Rescue Plan (ARP) funds. For ARP funds, $30 million has been dedicated to harm reduction and $257 million is for building up the workforce and infrastructure to meet 988 crisis service needs.

- **FY 2022 Funding Update** – SAMHSA received a $530 million increase in funds from FY 2021. The funding increase spans across SAMHSA’s four priority areas, as well as support for new programs, most notably for mental health crisis response grants and the Behavioral Health Crisis Coordinating Office.

- **FY 2022 Opportunity Announcements** – SAMHSA plans to release funding announcements for 35 programs; 22 of these notices have already been published.

Dr. John noted that the President’s budget for FY 2023 is expected to be released next week.

Questions
Following are questions and comments from NAC members:

- **Publicity for 988** – In the context of publicity about grant support for implementing 988, Dr. Allan Tasman noted that a colleague working with the local Department of Health seemed to be unaware of possible funding support for implementation. Dr. John indicated that the 988 funding has been earmarked primarily for the system administrator (Vibrant) and states.

- **Tracking and Accountability** – Dr. Cristina Rabadán-Diehl requested having a more in-depth discussion related to tracking and accountability of States dissemination of funds. Regarding 988 funds, Dr. John shared that SAMHSA has established key performance indicators and the arrangements are through cooperative agreements which has built-in collaboration requirements. He added that the majority of funding is through Block Grants which is formula-based and affords states flexibility in determining how those funds are distributed.

- **Sustainability** – Dr. Rabadán-Diehl also expressed concern about sustainability of programs initiated and supported through grant opportunities. Kurt John noted that some of the grants, most notably the Certified Community Behavioral Health Clinic (CCBHC) grants requires the recipient to develop a sustainability plan.

- **State Anti-LGBTQ+ Initiatives** – Dr. Barbara Warren expressed concern about recent anti-LGBTQ+ directives and legislation. Dr. Mary Roary, Director of SAMHSA’s Office of Behavioral Health Equity (OBHE) reassured Dr. Warren that SAMHSA, along with other Department of Health and Human Services (HHS) centers have been working to
ensure that the LBGTQ+ community are incorporated into all public-facing materials (e.g., website) and that funds are allocated to meet the needs of this community.

- **Release of Remaining FY 2022 Funding Opportunities** – Dr. Kurt John noted that all opportunities have some notice posted on the SAMHSA website, but the full notices for these remaining will probably be released over the next month.

- **988 State Funds** – These funds will be released by April 15, 2022.

Anne Herron suggested providing information on performance measures and evaluation data at an upcoming NAC meeting.

**Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)**
*Anita Everett, M.D., DFAPA, Director, Center for Mental Health Services*

The ISMICC is a coordinating body comprised of eight Federal agencies focused on services and support for individuals with serious mental illness (SMI) and children with serious emotional disturbances (SED). Mandated through the 21st Century Cures Act, ISMICC is in response to a 2014 report by the Government Accounting Office which found that coordination was lacking across the departments and had recommended improved coordination among federal entities.

Since 2017, the ISMICC has met to focus on and address forty-five recommendations across five key areas: data and evaluation; access; treatment and recovery; justice; and finance.

Assistant Secretary Delphin-Rittmon has revitalized ISMICC by convening several meetings and a listening session, as well as setting up subcommittees for the five key areas. A final report is expected to be available to Congress soon. Dr. Everett noted that ISMICC was a key influence in the proliferation of the 988 line and CCBHCs.

**Questions**

Following are questions and comments from NAC members:

- **Treatment During Incarceration** – Dr. Everett noted that justice/diversion is one of the five key areas and that there is a recognition that this work needs to be in collaboration with judges and others in the criminal justice space.

- **ISMICC and the Behavioral Health Coordinating Committee** – Dr. Joshua Gordon asked for a differentiation between these committees. Dr. Everett explained that ISMICC functions like a NAC and has a narrowed focus on SMI/SED. The ISMICC also has public members.

- **ISMICC’s Influence on Grants and Data Sharing** – In response to Laura Howard’s inquiry, Dr. Everett confirmed that ISMICC recommendations also relate to specific Department work including grant development and data sharing.

**988 Crisis Services**
*James Wright, LPC; Chief, Crisis Center Operations, Office of the Assistant Secretary (OAS)*

Mr. Wright noted that since 2005, the National Suicide Prevention Lifeline has helped millions of individuals in emotional distress. The Lifeline, which will transition into the 3-digit 988
system, is part of a larger comprehensive crisis system transformation that incorporates mobile crisis units, crisis facilities and post-crisis wraparound services. The two most immediate goals are to build capacity for the 988 line before it is activated in July of 2022; and to transform and strengthen the broader crisis care continuum.

The 988 line includes chat/text functions and can route calls to two sublines: for Spanish speaking individuals and Veterans. Recognizing that this is a collaborative effort, SAMHSA, along with National Association of State Mental Health Program Directors, have developed partnerships with other stakeholders. SAMHSA and the Centers for Medicare & Medicaid Services have also provided funding sources and technical assistance services.

Questions

Following are questions and comments from NAC members:

- **Law Enforcement Diversion** – Dr. Rabadán-Diehl asked about 988 protocols in terms of dispatching police, particularly for substance use crises. Mr. Wright noted that, unlike 911 which is well-known, there will be a learning curve related to 988 in terms of understanding when it is the right number to call and the follow up protocols. SAMHSA has been working with several stakeholders to develop standards and clarification related to 911 and 988 roles, including the convening of a Policy Academy.

- **Crisis Systems Coordination** – Ms. Howard noted that the transformation of crisis services is an ambitious endeavor, and it is important to ensure that there is coordination across the different component services.

- **Intellectual and Developmental Disabilities (IDD)** – Ms. Howard wanted to know how IDD cases will be handled within the crisis continuum. Mr. Wright noted that one additional aspect related to IDD care is the need of respite for the caregiver.

- **Decreased Suicide Rates During COVID** – Dr. Aaron White noted that suicide rates declined during COVID and wanted to know how other indicators of suicide (e.g., calls, cases of depression) corresponded. Mr. Wright noted that the call lines received an increase in calls related to suicide ideation.

- **Availability of crisis services/resources** – Dr. Warren expressed concern about not having enough follow-up services/resources to support individuals. She noted most clinical care is housed within private practices and recommended national reciprocity to address the shortage. Mr. Wright agreed, adding that workforce has been a main challenge. Dr. Everett also noted the importance of incorporating peers into the workforce. Assistant Secretary Delphin-Rittmon added that SAMHSA has been working with the Health Resources and Services Administration to address workforce issues, includes efforts to increase workforce diversity.

- **Other Specialized Lines** – Dr. Warren asked if the 988 system will be coordinated with other existing resource lines, such as the Trevor Project and the National Alliance on Mental Illness’ warmline. Mr. Wright responded that SAMHSA has been incorporating these other resources into their 988 playbook.
Language Matters: Cultural Humility and Unconscious Bias
Mary Roary, Ph.D., Director, OBHE

While equity is the “right thing to do,” COVID-19, racial unrest and public health emergencies underscore the importance and gaps in providing equitable health services. SAMHSA has been committed to equity issues and has developed a number of resources and also has convenings such as the NNEDLearn program.

Dr. Roary noted that SAMHSA was the first agency to require disparity impact statements of grantees, and are now in the process of updating it. She also noted that cultural humility is a process centered on respect and empathy with a focus on asking “how you would want to be treated if the roles were reversed.”

Questions

Dr. Rabadán-Diehl wanted to know how much of SAMHSA’s public materials are translated into Spanish. Dr. Roary shared that her office has been working closely with SAMHSA’s Office of Communication to ensure that the entire SAMHSA website is culturally relevant. In addition, all funding opportunities announcements incorporate an equity value statement.

Overview of the Center for Behavioral Health Statistics and Quality (CBHSQ) Recent Reports on Equity
Michael King, Ph.D., MSW, CAPT, USPHS, SAMHSA Region 4 Administrator

SAMHSA’s CBHSQ is the lead federal government agency for behavioral health data and dissemination. Dr. King shared that SAMHSA has supplemented the National Survey on Drug Use and Health (NSDUH) with questions regarding emerging trends, such as vaping and medication-assisted treatment.

Dr. King noted that SAMHSA has published two equity reports covering 2015-2019. He then shared data trends for responses related to monthly illicit drug use, major depressive episodes, SMI, and co-occurring disorders broken down by race and ethnicity. He noted that this data and other reports are available at the SAMHSA site or (datafiles.samhsa.gov).

Questions
Following are questions and comments from NAC members:

- **LGBTQ+ Populations** – Dr. Warren noted that, while SAMHSA has LGB data, there isn’t data for transgender and gender diversity communities. Dr. King noted that there are changes being made related to that concern. Dr. Warren also said that she was interested in the intersectionality of data between race/ethnicity and gender.
- **The Value of Subtrends** – Dr. White echoed the value of looking at race/ethnicity data as they often tell different or explanatory stories compared to overall general trends.
- **Transition from DSM4 to DSM5** – Dr. White noted that this transition resulted in a doubling of alcohol prevalence trends. He cautioned that SAMHSA should convey this anomaly more prominently, so that users of the data don’t misinterpret the findings.
• **Non-Respondents** – Dr. Marsden McGuire wanted to know if there were particular characteristics related to participants who completed the survey but didn’t self-identify their race/ethnicity. Dr. King noted that this is analyzed and if there were unique trends, it would be annotated in the reports.

• **Adding Questions to NSDUH** – Dr. Sally Satel wanted to know the mechanism for adding questions to the NSDUH. She was interested in information about where they obtained their substance (within the last 30 days and initiation). Dr. King said that this NAC is one avenue for generating ideas.

**Harm Reduction Grant and Stakeholder’s Feedback**

*Jeff Coady, Psy.D., CAPT, USPHS, Acting Director, Center for Substance Abuse Prevention and SAMHSA Region 5 Administrator*

Dr. Coady noted that overdose deaths have increased by 16 percent since 2020, predominantly due to COVID-19. Harm reduction is a key priority area of HHS’s Overdose Prevention Strategy. In addition to Narcan, some of the evidence-based and promising practices include Fentanyl strips; peers; addressing social determinants of health needs (e.g., housing); and tackling stigma.

SAMHSA’s three primary harm reduction efforts are grant funding; technical assistance; and convening a National Summit. Regarding the grant program, SAMHSA plans to award 25 $400k grants in May 2022. These grants would expand harm reduction efforts for community-based overdose prevention programs, syringe services programs, and other harm reduction services. There is a priority focus on communities that have high overdose rates.

**Questions**

Following are questions and comments from NAC members:

• **Fentanyl Strips** – Dr. Rabadán-Diehl was pleased that Fentanyl strips are now covered by SAMHSA but wanted to know about the national implementation strategy. Dr. Coady said that there is a workgroup that is looking at the research and access issues.

• **Perspective of Families** – Dr. Rabadán-Diehl added that SAMHSA has recognized the value of lived experience of those in recovery and would like families, particularly those who have lost a loved one to be incorporated more in these discussions.

**Office of Recovery**

*Dona Dmitrovic, MHS, Senior Advisor, SAMHSA’s Office of Recovery*

Ms. Dmitrovic noted that SAMHSA has made recovery one of its four cross-cutting priorities. SAMHSA’s Office of Recovery is fairly new and is housed within OAS. The focus will incorporate both substance use disorder and mental health recovery. Recovery is viewed as an ongoing process and complete symptom remission is neither a precondition nor an outcome for recovery. SAMHSA recognizes that recovery pathways are highly personalized that build upon the unique strengths of the individual.
Questions
Following are questions and comments from NAC members:

- **Department of Veterans Affairs (VA) Primary Care/Mental Health Approach** – Dr. McGuire noted that the VA has worked to reduce stigma by creating primary care/mental health integrated services which doesn’t have the explicit language of mental illness, but rather a focus on “whole health. Dr. Delphin-Rittmon welcomed learning more (e.g., having the VA present at an upcoming NAC meeting).

- **Elevating the Voices of Individuals with Lived Experience** – Ms. Dmitrovic said that her Office is exploring the possibility of a Consumer Advisory Committee. She would also like to see more representation across SAMHSA’s various NACs.

Additional NAC Members Comments
NAC members were given an additional opportunity to share comments/announcements:

- **Book Recommendation** – Dr. Satel made a recommendation for “Healing: Our Path from Mental Illness to Mental Health” by Dr. Thomas Insel.

- **Congressional Hearing** – Dr. Joshua Gordon reported that the Congressional Hearing related to mental health went well and there are many allies on the Hill supportive of SAMHSA’s work.

- **Focus on Solutions** – Dr. White felt it was important to increase discussions on purpose and solutions as much of the day-to-day focus tends to be on describing the problems.

- **Psychedelic and Plant Medicines** – Dr. Warren expressed an interest in a discussion of these products as allowable treatment options. Dr. Delphin-Rittmon noted that there are already internal discussions in process about this.

Public Comments
There was one public comment. Dr. Philip Skolnick is with Utopian Pharmaceuticals which was involved in the development of Narcan. He requested that SAMHSA use “agnostic” language in relation to opioid reversing agents. He is concerned that entities that use SAMHSA funds will be unable to use other innovative non-Naloxone products.

Closing Remarks/Adjourn
Ms. Kolick thanked everyone for their participation. She adjourned the meeting at 4:35 p.m.
**Certification**
I hereby certify that, to the best of my knowledge, the foregoing minutes and the attachments are accurate and complete.

5/23/2022 //signed//

Date Miriam E. Delphin-Rittmon, Ph.D.
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.