70th Meeting of the
Substance Abuse and Mental Health Administration (SAMHSA)
National Advisory Council (NAC)
August 30, 2021
Meeting Summary

NAC Members:
Rahn Kennedy Bailey, M.D.
Laura Howard, J.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.
Assistant Secretary for Mental Health and Substance Use
CAPT Carlos Castillo, LCSW, BCD
CAPT Jeff Coady, Psy.D., ABPP
Paolo del Vecchio, M.S.W.
Anita Everett, M.D., DFAPA
Pam Foote
Lois Gillmore, LCSW-BCD, CRAADC, MARS
Anne Herron, M.S.
CAPT Michael King, Ph.D., M.S.W.
LCDR Traci M. Murray, Ph.D., M.P.H., R.N., CPH.
Kim Nelson, LAC, M.P.A.
Charissa Pallas, M.A.
Mary Roary, Ph.D.
Charles Smith, Ph.D., M.A.
Jeanne Tuono
CAPT Emily Williams, LCSW-PIP, BCD
Hal Zawacki, M.P.H., M.S.W.

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
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 Illness
Rick Mooney, M.D., M.P.H.
Office of the Assistant Secretary of Defense (Health Affairs)
Neeraj Gandotra, M.D.
Chief Medical Officer, SAMHSA

Guests:
Ellen Abramowitz
Michael Abrams, M.P.H., Ph.D.
Christine Allen
Rob Baillieu, M.D., M.P.H.
Kathryn Batts, Ph.D.
Sam Brinton
Crystal Blyer, Ph.D.
Sara Calvin, M.A.
Cathy Costello
Chipper Dean, Ph.D.
Dona Dmitrovic
Marissa Eyanson
Morgan Greutman, Pharm.D.
Tracy Gross
Tara Handron
Andrew Herrin
Angela Jacobson
Brooke Kulusich
Hindy Langer, M.S.W.
Amy Loudermilk
Scott Mash
Mercedes Mondragon, M.P.A.
Joe Pickering
Sara Steverman, Ph.D., M.S.W.
Kirk Waterman
Call to Order
CAPT Carlos Castillo, Designated Federal Official and Committee Management Officer, called the meeting of SAMHSA’s NAC to order on August 31, 2021 at 1:04 p.m. The NAC was conducted virtually and the members in attendance constituted a quorum.

He reviewed the charter of the NAC.

Welcome, Introductions, Opening Remarks
This was the first NAC meeting attended by Dr. Miriam Delphin-Rittmon, the new Assistant Secretary for Mental Health and Substance Use. She shared a brief summary of SAMHSA’s priorities and noted that the agency is in the process of re-evaluating these priorities. However, SAMHSA’s mission remains unchanged.

SAMHSA has diligently worked to fill over 180 vacancies as well as allocate much-needed investment funding to states and communities. In addition, SAMHSA wants to support states in building workforce pipeline; solidifying sustainable funding mechanisms; and providing recovery services.

NAC participants then provided brief introductions. It was noted that tomorrow is Overdose Awareness Day.

Consideration and Approval of the March 22, 2021 Minutes
There were no edits to the March 22, 2021, NAC summary. It was motioned for approval and seconded.

Update on SAMHSA Budget and Funding Priorities
The Assistant Secretary shared an overview of the following SAMHSA resources and investments:

- **Administration Priorities** – The Biden-Harris administration has been predominantly focused on addressing COVID and health equity but they have a strong commitment to the tenant that “healthcare is a right” and that includes behavioral health.
- **COVID Supplemental and American Rescue Act Funds** – SAMHSA received over $7.8 billion for block grant funding and existing programs. The Certified Behavioral Health Centers is one key investment that SAMHSA is working to proliferate with this additional influx of funds.
- **Demographic Trending and Mapping** – SAMHSA leadership will be looking at data to ensure that underserved communities receive equitable access and services. SAMHSA staff are also mapping their programs across emerging priorities.

Questions
Following are questions and comments from NAC members:

- **Definition of Prevention** – Dr. Marsden McGuire asked how SAMHSA defined prevention noting that funding disproportionately resources treatment. He added that
many treatment activities can also be considered as prevention (e.g., preventing overdoses and recovery relapses). Dr. Delphin-Rittmon noting that SAMHSA Centers are engaged in a number of crossover efforts. A good example is harm reduction and recovery efforts. For SAMHSA, prevention activities tend to be those services that are community-based and often can’t be billed. However, the lines are not rigid and SAMHSA wants to create a system that will allow States flexibility.

- **Performance Measures** – Dr. Cristina Rabadán-Diehl noted that it is important to collect performance measures and ensure accountability so that programs can solicit sustainable funding sources. She added that with the COVID funding, many community-based organizations (CBOs) have yet to see funding and in some cases there has been equity issues. For example, Latino youth have been particularly impacted by the opioid epidemic. Dr. Barbara Warren expressed similar concern on ensuring that the LGBTQ+ community are included in data analytics. Dr. Delphin-Rittmon expressed appreciation for the comments and the specific examples. She noted that there is an initiative underway to elevate the CBO voice and provide more technical assistance. She added that SAMHSA’s Center for Behavioral Health Statistics and Quality (CBHSQ) is dedicated to working on measures and SAMHSA also has an Office of Behavioral Health Equity (OBHE) to ensure that the agency efforts have a lens to reduce disparities in underserved populations like the examples listed.

- **Collaboration with the Office of National Drug Control Policy (ONDCP)** – Dr. Warren asked how SAMHSA engages with the ONDCP. Dr. Delphin-Rittmon noted that there are weekly meetings between the two agencies.

- **Vacancies at SAMHSA** – Dr. Warren also wanted to know more about SAMHSA’s efforts to fill vacancies. Dr. Delphin-Rittmon noted that they are advertising vacancies continuously and SAMHSA leadership is paying attention to the need to make their workforce more racially and ethnically diverse.

- **Community Health Workers** – Dr. Allan Tasman noted that internationally and also in the prevention space in the U.S., there is a reliance on paraprofessionals to supplement the work of clinical providers. He felt it was important to focus more resources to the early stages of life (age 0 to 3); address social inequities; and provide more support in addressing the social determinants of health. He admitted it is hard to show results because the change is a generation-long initiative at least. The early interventions are what he believes will truly break the cycle. Dr. Delphin-Rittmon agreed and shared that while there needs to be more programs, SAMHSA is engaged in resiliency work and has programs such as Project AWARE. In addition, there are federal partners working on resiliency for younger children. Ms. Kim Nelson shared that Regional Administrators for Regions 5, 6 and 7 have been working on an initiative to pilot a “Behavioral Health and Wellness Ambassadors” program that brings together peers and community health workers to collaborate as they have overlapping areas of services and communities that they serve.

- **Multiple Complexities and Stressors** – Dr. Rahn Kennedy Bailey noted that locally communities have unique and very complex needs. For example, Louisiana is dealing with Hurricane Ida. Some communities have a greater need for addressing stimulant use disorder. Dr. Delphin-Rittmon responded that SAMHSA has strived for flexibility to States and communities. This has included allowing SOR funding for stimulant use disorder. Recognizing the importance of wraparound services such as employment and
housing, SAMHSA leadership is identifying model ways that communities can cover these services and using technical assistance vehicles to share these approaches with other communities.

**Trends and Increases in Alcohol Consumption and Sales as Impacted by the COVID-19 Pandemic**

*George F. Koob, Ph.D., Director, National Institute on Alcohol Abuse and Alcoholism (NIAAA)*

Dr. Koob noted that NIAAA is missioned to provide research in identifying evidence-based practice related to alcohol use disorder (AUD) and then sharing that research for implementation by providers and communities. His presentation focused on three key areas:

**Research Before the Pandemic**
While there has been a lot of focus on the opioid epidemic, alcohol has consistently resulted in more deaths and chronic conditions. Alcohol is a factor (and thus a marker) for deaths of despair such as suicide and mental health concerns. While death rates are higher among men and older populations, the death rates have been increasing for all population groups. Clinicians are not regularly screening for use, misuse. Many individuals who have AUD are not receiving care for their condition.

**The Interaction of Alcohol and COVID**
Dr. Koob described a bidirectional relationship between alcohol use and COVID pandemic, where COVID-19 created additional stressors and impacts on the social determinants of health. And conversely, those who had alcohol use disorders were more vulnerable to COVID. This may be biological (e.g., acute respiratory distress syndrome) or due to disinhibition (e.g., mask compliance).

COVID also interrupted the resiliency support (e.g., created isolation) system and treatment accessibility. Dr. Koob stated that alcohol use is seen as a coping response to stress which creates a cyclical effect that increases the likelihood of dependency. He noted that data from a variety of sources show an increase in alcohol consumption but the underlying factors are more attributable to stressors than easier access (e.g., home deliveries). Women with children have been disproportionally impacted by COVID-related stressors.

**Emerging Issues and Priorities**
Dr. Koob noted that there is a need for more screening, most notably the use of SBIRT. He noted that 81 percent of individuals with AUD saw a physician in the past year. While nearly 70 percent were asked a screening question, only 12 percent were offered any follow-up advice or information.

Given that AUD is a marker for other physical and behavioral health conditions, screening would also allow physicians to identify other potential conditions that an individual might have or be at risk for. Dr. Koob shared that NIAAA is also looking at the impact of telehealth options for screening and treatment services.
Questions
Following are questions and comments from NAC members:

- **Impact of State Policies During COVID** – Dr. Rabadán-Diehl asked about the impact of state policies on alcohol consumption, noting that many States eased access (e.g., home delivery, restaurant take-out) during COVID. Dr. Koob reported that research does show that increased availability correlates with increased use. However, NIAAA and their contractors are still doing a more granular examination about the specific impacts these policy changes have had. Dr. Koob noted that for some states, this information is not readily available.

- **Telehealth and Reciprocity** – Dr. Warren commended that she felt her patients benefited from having the telehealth option and was concerned that the practice will be discontinued as emergency orders end. She also wants to see more reciprocity among States so that providers can serve patients outside of their state. NIAAA is looking into the impact of telehealth and Dr. Koob agreed that there are some key advantages such as patients keeping appointments and increased access for rural communities.

- **SBIRT** – Dr. Warren shared that she was disheartened to learn that SBIRT is so underutilized, especially since it is easy to administer. Dr. Delphin-Rittmon noted that promotion of SBIRT is part of SAMHSA’s strategic plan. Dr. Koob added that one way to promote SBIRT is by highlighting it as a powerful marker for other health conditions (e.g., liver problems, anxiety, etc.) beyond just substance use.

- **Health Equity Issues** – CAPT Jeff Coady commented that young African-American and Hispanic youth have disproportionally lost their parent/caregiver due to COVID so they will be more vulnerable to behavioral health issues. He advocated for also focusing on environmental strategies and building up resiliency for the younger population.

- **A Vital Sign** – Dr. Aaron White suggested that screening for alcohol use be treated as a vital sign, similar to the way all clinicians document blood pressure readings. Dr. Warren added that more than just screening, clinicians need to do follow-up. She also cautioned about over-medicalizing normal experiences as was done when pain was considered a vital sign.

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

SAMHSA has made stewardship of the 988 crisis line a high priority, particularly given the high national suicide rate. The 988 line is one of three components of the Crisis Now approach and legislation requires it to be nationally available by July 2022. She noted that, unlike 911, 988 is designed to be more than a dispatch service and intended to provide phone intervention and, for more sophisticated models, actually help callers in making real-time outpatient appointments. Data shows that 70-90 percent of crisis services can be resolved over the phone. For situations that cannot be resolved, the 988 team will send out a mobile crisis unit.

Dr. Everett noted that the 988 call center will be built out from existing Lifeline Suicide crisis call lines which have tailored call triaging for Veterans and individuals who speak Spanish. The call lines will also have chat/text functionality which is used commonly by young people. Funding can come from federal, state and local agencies.
Dr. Everett also said that SAMHSA sees 988 as a trusted resource that will serve as “a catalyst for behavioral health transformation.” Specifically, data shows a “care traffic control” call center can potentially decrease suicides, increase engagement with services, and divert behavioral health crises away from law enforcement intervention.

Questions
Following are questions and comments from NAC members:

- **Promotion** – Ms. Laura Howard asked how SAMHSA and others were promoting the transition so that individuals will be aware that the 988 line is for all behavioral health crises, not just those related to suicide. Both Dr. Delphin-Rittmon and Dr. Everett noted that there are discussions about a public awareness campaign.

- **LBGTQ+ Youth** – Dr. Warren asked whether there are staff who have specific training to support LBGTQ+ youth as well as whether metrics are accounting for special population groups. Dr. Everett noted that SAMHSA has a partnership with the Trevor Project but added that more work needs to be done to ensure that all underserved populations receive equitable services and systems are designed to capture disaggregated data related to underserved populations.

- **Geographic versus Area Code Routing** – Dr. McGuire expressed concern that 988 calls are routed to the area code of the phone being used rather than where the caller is located. Dr. Everett responded that this is a barrier due to FCC privacy concerns. There may be more discussions on this in the long term.

- **Staffing** – Dr. McGuire also noted that it may be difficult to staff the 988 to address the volume of callers given the competitive labor market and stress associated with the work. It was noted that many centers are run by volunteers and there are efforts to provide more comprehensive training and possible credentialing.

Activities in SAMHSA’s OBHE

*Mary Roary, Ph.D., Director, OBHE, SAMHSA*

OBHE is missioned to reduce disparities in behavioral health by improving access to quality services and enabling individuals/families to thrive, participate in, and contribute to healthy communities.

Dr. Roary outlined the following five work domains: policy; data; quality practice and workforce development; communications; and technical assistance/collaborations/customer service. Internally, OBHE has a sixth domain of infrastructure.

Some of the recent seminal projects/reports include a program to elevate the voice of community behavioral health organizations; and incorporation of a disparity impact statement into SAMHSA RFPs. The latter has cross-cutting implications which include better collection of disaggregated data and gives grantees guidance and technical support for quality improvement efforts.
Questions
Following are questions and comments from NAC members:

- **Poor Caucasians** – Dr. Sally Satel wanted to know if this population was included as a group with disparities. Dr. Roary responded that they are and that the opioid epidemic has dramatically revealed disparities with this population group compared to other groups nationally.

- **Severe Mental Illness** – Dr. Satel also noted that the prior Assistant Secretary was dedicated to addressing the needs of individuals with severe mental illness who tend to be less responsive to many services and treatments. Dr. Everett noted that SAMHSA is still committed to this population and the initiatives such as the Interdepartmental Serious Mental Illness Coordinating Committee (ISMCC) are continuing their important work.

- **Language** – Both Drs. Rabadán-Diehl and Warren stressed the importance of language, cultural humility and addressing unconscious bias. In some instances, federal agencies use different terminologies. Dr. Roary shared that SAMHSA uses the NIDA Words Matter definitions but is also working with the Office of Minority Health to update these definitions.

- **X-Waivers** – Dr. Warren also advocated for having a workforce reflect the community they serve, especially those providers that can prescribe medication assisted treatment (MAT). Dr. Delphin-Rittmon agreed adding it was a SAMHSA priority to increase the number of MAT prescribers.

- **Criminal Justice Involvement** – Dr. Wilson Compton commented that historically, our society has disproportionately used law enforcement and legal sanction for substance use disorders, and particularly for individuals of color. Dr. Delphin-Rittmon noted that with regard to the 988 framework, SAMHSA has been engaged in collaborative discussions with the National Association of Chief Justices and they have a shared interest in innovative diversion strategies.

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

- **Advanced Copies of Slides** – Both Drs. Tasman and Rabadán-Diehl requested copies of the slide presentations in advance to help them prepare for the meeting. They noted that even draft versions would be beneficial.

- **NAC Subcommittees** – Dr. Tasman participates on another National Advisory Council where members provide additional support beyond the regular meetings. Dr. Tasman was interested in providing more support to SAMHSA if it is desired. CAPT Carlos Castillo responded that the NAC charter does allow for convening of subcommittees and workgroups but noted that these bodies could not directly provide recommendations. Rather the Chair of the body would share a report for consideration. It was agreed that SAMHSA would discuss this internally to see what needs there might be and share an update at the next NAC meeting.
Public Comments
There was one public comment. Mr. Sam Brinton is with the Trevor Project and offered their services to SAMHSA. He noted that trans and nonbinary/trans women of color are a particularly vulnerable population so he hoped to see SAMHSA provide more intersectional staffing/support to these communities.

Closing Remarks/Adjourn
Dr. Miriam Delphin-Rittmon thanked everyone for their participation. She adjourned the meeting at 4:57 p.m.

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

October 18, 2021 /Miriam’s Delphin-Rittmon/
Date Miriam 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.