

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADVISORY COMMITTEE ON MINORITY HEALTH**

**March 26-27, 2018
Rockville, Maryland**

EXECUTIVE SUMMARY

Committee Attendees

Paul Juarez, Ph.D., Chair
Linda Frizzell, Ph.D.
Gregory J. Maddox II, M.D.
Cynthia Mojica, Ph.D., M.P.H.
Sela V. Panapasa, Ph.D.
Rea Pañares, M.H.S.
Isabel Scarinci, Ph.D., M.P.H.
Roland J. Thorpe, Jr., Ph.D.
Winston F. Wong, M.D.

Federal Staff

Matthew Lin, M.D., Deputy Assistant Secretary for Minority Health, Director, Office of Minority Health (OMH), U.S. Department of Health and Human Services (HHS)
Minh Wendt, Ph.D., Public Health Advisor, Division of Policy and Data, OMH (Designated Federal Officer, ACMH)
Alexis Bakos, Ph.D., M.P.H., RN, Senior Advisor to the Deputy Assistant Secretary for Minority Health, OMH (Alternate Designated Federal Officer, ACMH)
Juliet Bui, M.P.A., M.S.W., Justice and Health/Behavioral Health Policy Lead, Division of Policy and Data, OMH, HHS
Zannah Herridge-Meyer, M.P.H., ORISE Health Equity Research Fellow, OMH, HHS

Invited Presenters

Jami Bartgis, Ph.D., President and CEO, One Fire Associates
Richard Cho, Ph.D., Director, Behavioral Health Division, Council of State Governments Justice Center
Paolo del Vecchio, M.S.W., Director, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), HHS
Kana Enomoto, M.A., Special Advisor to the Surgeon General, Office of the Surgeon General, HHS
Michael Fergus, Program Manager, One Mind Campaign, The International Association of Chiefs of Police
Debbie Plotnick, M.S.S., M.L.S.P., Vice President for Mental Health and Systems Advocacy, Mental Health America
Altha Stewart, M.D., President-Elect, American Psychiatric Association

Day One – Monday, March 26, 2018

Call to Order, Welcome, and Introductions

Paul Juarez, Ph.D., Chair, ACMH

Dr. Juarez called the meeting to order, reviewed the agenda for the meeting, and opened the floor for a round of introductions.

OMH Welcome and Updates

Matthew Lin, M.D., Deputy Assistant Secretary for Minority Health, Director, OMH, HHS

Dr. Lin provided an update on HHS leadership and priorities, the OMH vision and priorities, OMH approaches to the ACMH recommendations on the opioid crisis, an OMH funding opportunity for the National Lupus Training, Outreach, and Clinical Trial Education program, and OMH events, including plans for National Minority Health Month in April.

Dr. Lin noted the new Secretary Alex Azar was sworn in as Secretary of HHS on January 29, 2018, and his priorities for HHS are the opioid epidemic; affordability, accessibility, and personalization of health insurance; drug price reduction; and healthcare expenditures for health and outcomes, as opposed to procedures and sickness.

Dr. Lin presented the new OMH vision statement: “To move the nation forward in reducing disparities in health by putting people and communities at the center of our efforts, with a focus on partnerships and prevention.”

Address by the Office of the Surgeon General

Kana Enomoto, M.A., Special Advisor to the Surgeon General, Office of the Surgeon General

Ms. Enomoto provided remarks on behalf of the Surgeon General, VADM Jerome Adams, M.D., M.P.H. She presented the Surgeon General’s vision (“Better health through better partnership”), his priorities (the opioid misuse crisis; health and the economy; health and national security; and elevating the Commissioned Corps of the U.S. Public Health Service (USPHS) to ensure that it can continue to play a critical role in the nation’s public health), and initiatives to address those priorities.

Current Federal Efforts to Meet the Challenge of Serious Mental Illness

Paolo del Vecchio, MSW, Director, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), HHS

Mr. Del Vecchio provided an overview of serious mental illness (SMI)/serious emotional disturbance (SED), the overlap between SMI and the opioid crisis, and federal programs to address the challenge, including the 21st Century Cures Act, Center for Mental Health Services (CMHS) programs, SAMHSA programs and evidence-based practices, and research such as developing a coordinated-care model at the National Institute of Mental Health on treatment and evidence-based care of first-episode psychosis among youth.

National Perspective

Altha Stewart, M.D., President-Elect, American Psychiatric Association (APA)

Dr. Stewart provided an overview of SMI from the perspective of the APA. She noted that access to mental health and substance services is a significant barrier for African Americans and other underserved communities due to stigma of mental illness, lack of coverage, and lingering mistrust of providers.

Dr. Stewart emphasized the need for culturally appropriate mental health services, the importance of engaging faith leaders to address stigma and mistrust, and the need to develop prevention and early intervention treatment models and strategies to reduce the morbidity of SMI in adolescents and young adults, including those in the juvenile justice or child welfare system. She also outlined research developments on mental health needs and treatment in minority communities.

Community and Consumer Perspective

Debbie Plotnick, M.S.S., M.L.S.P., Vice President for Mental Health and Systems Advocacy, Mental Health America (MHA)

Ms. Plotnick introduced MHA, discussed the importance of early intervention and prevention, provided an overview of MHA's online screening tool, and discussed the implications of screening findings on policy and practice.

Ms. Plotnick stated that mental health screening should begin early and should be infused throughout primary care, and she stressed the need for Medicaid and insurance reimbursement for peer specialist services in clinical settings.

Vulnerable Populations

Richard Cho, Ph.D., Director, Behavioral Health Division, Council of State Governments Justice Center

Dr. Cho provided an overview of SMI among the homeless, those with criminal justice involvement, and veterans and presented policy opportunities to address the mental health needs of those populations.

Dr. Cho cited key challenges for those with SMI, including complex, multi-dimensional needs (e.g., high rates of substance use disorders, chronic medical conditions, and experience of trauma), social factors that compromise health, historical lack of insurance and access to care, and lack of ownership and accountability for outcomes at a systems level. She noted that data on racial and ethnic disparities in homelessness and criminal justice involvement have not been cross-tabulated with data on the prevalence of SMI among those populations.

Law Enforcement Perspective

Michael Fergus, Program Manager, One Mind Campaign, The International Association of Chiefs of Police (IACP)

Mr. Fergus described the IACP's One Mind Campaign, which focuses on uniting local communities, public safety organizations, and mental health organizations so they become "of one mind" to improve police response to persons affected by mental illness.

Mr. Fergus outlined the four practices that the campaign promotes and noted that agencies that implemented them have reported fewer use-of-force incidents, decreased involuntary transport, and enhanced police and community relations.

Mr. Fergus described an IACP toolkit that provides resources for law enforcement agencies to partner with mental health providers to improve outcomes for people with mental illness.

Perspectives, Practices, and Policy Advancements Toward Wellness in Indian Country

Jami Bartgis, Ph.D., President and CEO, One Fire Associates, LLC

Dr. Bartgis described conflicts between Western and indigenous worldviews that impact the continuum of mental health services, defined wellness and related factors for indigenous communities and Tribal Nations, identified successful models and practices for life promotion efforts, and applied wellness and worldview concepts to policy-level advances.

Dr. Bartgis stressed the importance of wellness, rather than prevention; practice-based evidence, rather than evidence-based practice; a holistic approach to care that goes beyond mental health to include spiritual services; and community-based research and evaluation models that respect tribal sovereignty, and incorporate a trauma-informed approach.

Committee Business

Paul Juarez, Ph.D., Chair, ACMH

Committee members discussed key issues from the presentations and agreed on four potential areas for recommendations on SMI:

- Primary prevention
- Data and evaluation
- Workforce development
- Innovative systems of care/comprehensive system of services.

Public Comment

Dr. Juarez opened the floor for public comment.

Brittany Green, NP, and doctoral student in psychiatric mental health at the University of the Incarnate Word, commented that nurse practitioners and physician assistants are well-equipped to address the shortage of psychiatrists in the U.S. and should have full-practice authority in every state.

Dr. Juarez stated that the committee would consider Ms. Green's comments when developing recommendations on workforce development.

Wrap Up

Dr. Juarez noted that he, Dr. Mojica, Ms. Pañares, Dr. Scarinci, and Dr. Thorpe will be rotating off the committee on July 30, 2018.

Dr. Wendt noted that the charter includes a provision to extend members' terms for up to 180 days. She encouraged the retiring members to consider extending their terms.

The meeting was adjourned for the day at 5:00 p.m.

Day Two – Tuesday, March 27, 2018

Call to Order and Remarks

Paul Juarez, Ph.D., Chair, ACMH

Dr. Juarez called the meeting to order and conducted a roll call.

Deliverables Discussion

Committee members discussed the thematic areas for recommendations on SMI, identified key concepts in each area, and agreed to place workforce development under systems of care.

Committee members divided into workgroups to discuss potential recommendations in three areas: primary prevention, data and evaluation, and innovative systems of care/comprehensive system of services. Following the break-out session, the three workgroups presented their draft recommendations for review by the full committee.

Innovative Systems of Care (Greg Maddox, Linda Frizzell, Winston Wong)

- The continuum of care and services needs to be integrated across screening, detection, treatment, recovery, and relapse.
- Focus on creating a network of community that prevents people from falling through the cracks.
- Cost effective and culturally relevant systems of care should entail community team-based approaches.
 - Include family members, community members, caregivers who can offer: logistical and basic life needs support, mental health first aid, and navigation through the health care system.
 - Community Wellness Advocates, including Community Health Advocates and peers with shared life experience (e.g., survivors of SMI), are critical and proven sources of care and service. They have credibility and insight that can offer individuals with SMI a community-based lifeline to essential care and services.
- There needs to be a commitment to cultivate an all-in approach to support community members and their families dealing with SMI, while validating the role of groups within communities that have unique shared life experiences with SMI (peer models).

Workgroup members offered the following clarifications:

- The term, wellness, reflects a holistic approach that goes beyond physical health to include all aspects of life.
- This approach fills those cracks by expanding non-licensed providers to intervene rapidly, increase screening, and link people to licensed providers.

Committee members offered the following comments:

- Reimbursement for community advocates is important.
- The reference to community members is broad. It should include a specific reference to faith-based organizations.

Data and Evaluation (Roland Thorpe, Sela Panapasa)

The workgroup identified barriers to effective data collection and drafted recommendations to address them, using the memo on data-related strategies for the opioid crisis as a template:

Barriers to Effective Data Collection

- Lack of real-time, comprehensive, and standardized, surveillance, administrative, and survey data for early childhood and youth belonging to racial and ethnic minority populations, vulnerable populations (homeless, veterans, and criminal justice populations) and tribal populations
- Lack of racial and ethnic minority data on vulnerable populations (homeless, veterans, and criminal justice populations) and tribal populations, and insufficient disaggregation of data
- Lack of comprehensive evaluation of programs and interventions on serious mental illness for racial and ethnic minority populations, vulnerable populations, and tribal populations
- Insufficient methods for collecting data on personal strengths and resiliency and community and cultural protective factors.

Accordingly, the ACMH is communicating recommendations related to: data collection, translation, and dissemination as well as the need for adequate, meaningful engagement of racial, ethnic, vulnerable population (homeless, veterans, and criminal justice populations), and tribal populations, in discussions about data to ensure that the validity of research, quality of treatment, and experiences of diverse communities are adequately addressed.

Recommendations

Address the need to improve the quality and address the limitations of data associated with serious mental illness in racial/ethnic minority populations, vulnerable populations (homeless, veterans, and criminal justice populations) and tribal populations.

- 1) Improve existing data and data collection efforts related to SMI for early childhood and youth belonging to racial and ethnic minority populations, vulnerable populations (homeless, veterans, and criminal justice populations) and tribal populations by leveraging resources with other federal agencies.
- 2) Fund new data collection efforts which focus from early childhood and youth to older adults who belong to racial/ethnic minority populations, vulnerable populations (homeless, veterans, and criminal justice populations), and tribal populations related to serious mental illness. (Address the importance of data protection/safeguarding especially around data sharing.)
- 3) Improve evaluation methods and protocols for interventions and programs addressing SMI in early childhood and youth to older adults belonging to racial and ethnic minority

populations, vulnerable populations (homeless, veterans, and criminal justice populations), and tribal populations, leveraging OMH funding opportunities and in collaboration with other federal agencies.

- 4) Improve methods on asset/strength data collection using community-based participatory research principles, including measures on resiliency, cultural factors, and personal strengths which focus on early childhood and youth to older adults who belong to racial and ethnic minority populations, vulnerable populations (homeless, veterans, and criminal justice populations), and tribal populations related to serious mental illness.

Primary Prevention (Paul Juarez, Rea Pañares, Cynthia Mojica, Isabel Scarinci)

- Goal: To promote public and organizational policies in all communities that support environmental conditions that ensure optimal health, mental health, and wellbeing for diverse populations across the life course.
- Principles
 - Natural, built, and social environments
 - Build stronger and more resolute communities
 - Strength-based approach
 - Population based
 - Social, physical, and economic environment that influences mental health
 - Promote equity, prevent discrimination
 - Promote strengths of diverse communities
 - Align strategies that reduce stressors at multiple levels
 - Diverse communities
 - Holistic health
 - Spectrum of prevention.
- Structure
 - Complementary, multi-faceted, multi-level approach enacted at federal, state, and local levels
 - No Wrong Door System, which is demonstrated by systems where if an individual is seeking a service provider and contacts an organization that is part of the No Wrong Door System, the individual is connected with who and what the individual needs, resulting in “no wrong door” for access to services and support
 - Health and well-being in all policies
 - Federal, state, and local government
 - Public and organizational policies.
- Processes: Role of OMH
 - Frame the needs of communities of color
 - Identify opportunities across federal agencies
 - Disseminate information.

- Mr. Marshall Swift’s prevention goals, detailed in the Spectrum of Prevention¹ by the organization, Prevention Institute (<https://www.preventioninstitute.org/tools/spectrum-prevention-0>)
 - Influence social policy and legislation
 - Prepare policy or data briefs on broadening mental health strategy, with a focus on how systems affect mental health and wellbeing
 - Identify how funding streams can be used to support primary prevention activities in mental health and wellbeing for vulnerable racial and ethnic populations.
 - Impact organizational policies
 - Disseminate information about evidence-based programs and policies that improve mental health and well being
 - Engage diverse organizations to discuss their role in addressing the mental health and wellbeing among their constituents
 - Serve as a resource to organizations to promote an environment that supports mental health and wellbeing of their constituents.
 - Foster inter-organizational coalitions
 - Leverage relationships with existing coalitions
 - Work with National Partnership for Action to End Health Disparities (NPA) to explore strategies to enhance community well being
 - Convene different federal agencies to address how systems affect mental health and well being
 - Promote inter-organizational collaboration to advance efforts towards development and implementation of culturally relevant and evidence-based strategies.
 - Broaden the scope of caregiver services
 - Increase awareness among providers about how environmental and social conditions affect mental health and well being
 - Promote a “no wrong door” approach to service provision.
 - Increase community understanding of mental health and knowledge of resources
 - Use newsletter to increase understanding
 - Educate public about the effects of environment and social conditions
 - Promote culture/diversity as an asset in strength of community.
 - Promote growth of individuals
 - Support programs that promote positive growth and development
 - Support an asset-based approach in funding opportunity announcements.

Committee members discussed the workgroups’ recommendations and raised the following points:

- The memo should frame the discussion by stating that SMI is a biological condition that can be exacerbated by certain factors.
- The memo should address the need for interventions for children and adolescents.

¹ The Spectrum of Prevention is a systematic tool that promotes a range of activities for effective prevention. It has been used nationally in prevention initiatives and identifies six levels of interventions.

- The recommendations should address differences in how people in racial and ethnic minority and tribal communities are diagnosed; how they receive treatment; varying levels of health outcomes and multiple chronic conditions, including mental health and suicide.
- The recommendations should address the issues raised in the presentation on vulnerable populations.

Dr. Juarez noted that the final memo would respond to the concerns that were raised during the discussion.

Committee Business

Dr. Wendt provided updates on the nomination process for new committee members. She stated that two nominations (both African American) were in the final stage. The next packet would include nominations for three members (two Hispanic/Latino and one Asian American/Pacific Islander). OMH intends to have the new members on board for the next in-person meeting.

Dr. Wendt noted that the committee needs to elect a new chair by the next meeting. She said she would circulate an email to solicit nominations and would then circulate the list of nominees for voting.

Committee members discussed the schedule for coming meetings. They agreed to meet by conference call in June and hold the next in-person meeting in late August. Dr. Wendt said she would circulate a poll to determine dates for those meetings.

Dr. Juarez opened the floor for discussion of agenda topics for the next meeting. Committee members agreed to focus the next meeting on chronic disease prevention, which could include childhood obesity and workforce development.

Committee members requested that Dr. Lin continue to provide a report on the impact of the recommendations and that future meetings include time for open discussion with him.

Dr. Bakos encouraged committee members to submit suggestions for topics by email to Dr. Wendt.

Public Comment

Dr. Juarez opened the floor for public comment. No comments were offered.

The meeting was adjourned at 12:41 p.m.