

FORUM ON MENTAL HEALTH AND SUBSTANCE USE DISORDERS

MEMBERSHIP MEETING

July 11, 2024



**Forum on Mental Health and Substance Use Disorders
Membership Meeting**

July 11, 2024 | 1:30 - 3:30 PM ET

Table of Contents

Agenda	3
March Membership Meeting Summary	5
Collaboratives	10
– The DC Public Health Case Challenge	
– Addressing the Impact of Tobacco and Alcohol Use on Cancer Related Health Outcomes: A Workshop	
– Applying Neurobiological Insights on Stress to Foster Resilience Across the Lifespan: A Workshop	
Julie Siebert, NCQA- Biography	19
988: It is Not Just a Number- Webinar Series Overview	20
Future Topics of Interest- 2024 Results	22

MEMBERSHIP MEETING
July 11, 2024
1:30-3:30 PM ET

AGENDA

WELCOME & INTRODUCTIONS

1:30 PM

Margarita Alegría, PhD, Co-chair
Professor, Department of Psychiatry
Harvard Medical School
Chief, Disparities Research
Massachusetts General Hospital

Rosalie Liccardo Pacula, PhD, Co-chair
Professor and Elizabeth Garrett Chair in Health Policy, Economics & Law
Health Policy and Management Department, Sol Price School of Public Policy
Research Fellow, Schaeffer Center for Health Policy & Economics
Co-Director Institute for Addiction Sciences Policy Affinity Group
University of Southern California

Forum members and NASEM staff introduce themselves

UPDATES:
FORUM ON MENTAL HEALTH AND SUBSTANCE USE DISORDERS

1:45 PM

- **Member highlights**
- **Forum updates**

Forum members and NASEM staff

THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)

2:00 PM

Julie Seibert, PhD
Assistant Vice President, Behavioral Health
National Committee for Quality Assurance

988: It is NOT just a number
WEBINAR #4

2:25 PM

Discuss developing plans for the 4th webinar
Forum members and invited guests

**#1 RANKED TOPIC:
SDOH TO IMPROVE MENTAL HEALTH PRACTICE**

2:55 PM

Discuss and confirm content areas
Forum members and invited guests

**WRAP-UP &
NEXT STEPS**

3:25 PM

Margarita Alegría, PhD, Co-chair
Professor, Department of Psychiatry
Harvard Medical School
Chief, Disparities Research
Massachusetts General Hospital

Rosalie Liccardo Pacula, PhD, Co-chair
Professor and Elizabeth Garrett Chair in Health Policy, Economics & Law
Health Policy and Management Department, Sol Price School of Public Policy
Research Fellow, Schaeffer Center for Health Policy & Economics
Co-Director Institute for Addiction Sciences Policy Affinity Group
University of Southern California

3:30 PM

MEETING ADJOURNS

Virtual Membership Meeting
March 28, 2024

Meeting Summary

This meeting summary was prepared by National Academies staff as a record of issues discussed during open sessions of the Forum on Mental Health and Substance Use Disorders held on March 28, 2024. The document was prepared for information purposes only. It has not been through the institution's external peer review and should not be cited or quoted, as the views expressed do not necessarily reflect the views of the National Academies of Sciences, Engineering, and Medicine or the Forum on Mental Health and Substance Use Disorders.

Attendees

Forum Co-chairs: Rosalie Pacula, Margarita Alegría

Members: Patricia Areán (NIMH), Kirsten Beronio (CMS), Carlos Blanco (NIDA), W. Perry Dickinson (University of Colorado), Anita Everett (SAMHSA), Richard Frank (Brookings Institution), Tisamarie Sherry (ASPE), Ruth Shim (UC, Davis), Deidra Roach (NIAAA), Barbara Roland (IHS), Aaron Weiner (APA)

Guests: Eduardo Bocanegra (DOJ), Cheryl Boyce (NIH Common Fund), Tia Dole (Vibrant Emotional Health), Marsden McGuire (VA), Tara Andrews (SAMHSA), Marguerite Romatelli (National Academies)

Forum Staff: Allie Andrada, Violet Bishop, Sharyl Nass,

WELCOME & INTRODUCTIONS

Introductions were made by those present online, including a formal welcome to the newest forum member, Patricia Areán, NIMH, and new forum staff, Violet Bishop.

UPDATES

Membership Highlights

Carlos Blanco attended public sessions from the NASEM consensus study on a [Blueprint for a National Prevention Infrastructure for Behavioral Health Disorders](#) and shared key take aways from past public sessions. He also provided updates on NAM's plans to host 3 prevention workshops focusing on partnership, data, and funding and governance.

Kirsten Beronio shared updates from CMS including the [expansion of the certified community behavioral health clinics \(CCBHCs\)](#) to include 10 additional states every 2 years. Additionally, crisis stabilization has been a big focus at CMS, with 16 more states and DC having been approved for the mobile crisis benefit. CMS is also working with SAMHSA to ensure the CCBHCs are providing crisis stabilization services. A request for comment was put out in September regarding implementation of parity in Medicaid and CHIP.

Tisamarie Sherry highlighted recent ASPE reports. [The State Efforts to Coordinate Provider Directory Accuracy Final Report](#) includes case studies of California and Michigan, which have taken different approaches to centralizing a state provider directory. In 2023, a [congressionally mandated report](#) was released across HHS on contingency management for the treatment of substance use disorders. Additionally, HHS announced the [Housing and Services Partnership Accelerator](#), a joint initiative with HUD, ASPE, CMS, HRSA, and SAMHSA that allows certain states to receive tailored technical assistance.

Patricia Areán shared that NIMH had a [funding announcement](#) to work with SAMHSA on learning communities and understanding implementation best practices within CCBHCs. NIMH is also working with SAMHSA to study school mental health using the [AWARE](#) programs. They have also published an [RFA](#) for quality measures and mental health.

Tara Andrews, on behalf of Anita Everett, shared that in April 2024, SAMHSA will be hosting a webinar on [Intimate Partner Violence in the Military and Veteran Community](#) and has scheduled policy academies on Black youth suicide and local behavioral health crisis mapping. They also kicked off learning collaboratives focused on maternal mental health and integrated behavioral health. SAMHSA will soon be releasing the 2024 National Strategy for Suicide Prevention and Federal Action Plan. Additionally, a new online platform was launched to promote Tribal behavioral health and strengthen policies and programs that align disparate resources and facilitate coordination.

Deidra Roach shared that the NIAAA has launched its trans-NIH [Model Continuums of Care Initiative \(MCCI\) to Advance Health Equity and End Health Disparities Among Women and Girls in Racial/Ethnic Minority and Other Underserved Communities](#). This initiative is taking a health systems approach, uniquely tailored for women and girls of reproductive age. There will be a technical assistance webinar on April 9.

Eduardo Bocanegra shared that the DOJ invested \$200 million into community safety efforts focusing on supporting organizations that work with communities with higher risks of experiencing violence and how to redefine what it means to be high-risk.

Allie provided the following Forum updates:

The workshop on [Essential Health Care Services Related to Anxiety and Mood Disorders in Women](#), sponsored by HRSA, is taking place on April 29-30. Kirsten will present CMS efforts. The workshop on [Addressing Workforce Challenges Across the Behavioral Health Continuum of Care](#) is taking place on July 10-11. Patricia and W. Perry Dickinson are co-chairing the planning committee, which also includes Anita.

[Community Safety as a Social Determinant of Health](#) Proceedings of a Workshop—in Brief will release in early April. This effort was in collaboration with the Roundtable on Population Health (lead) and DBASSE. Forum members Margarita Alegría and Ruth Shim served on the planning

committee. Follow-up efforts include workshop participants to be featured on a future episode of Johns Hopkins Bloomberg School of Public Health's podcast: Public Health on Call; Ruth is in production with workshop participants to write a paper highlighting themes discussed in the workshop; and video highlights will be developed and posted to the event page.

Other collaborative work includes a recently released proceedings of a workshop—in brief for the workshop on [Harm Reduction Services for People Who Used Drugs](#). A one-day workshop on [Artificial Intelligence in Education and Mental Health for a Sustainable Future](#) will take place on May 30, led by the Roundtable on Science and Technology for Sustainability. In addition, the forum will co-host the 2024 NAM [DC Public Health Case Challenge](#) in October. Local universities are invited to form multidisciplinary teams of 3-6 members, who devise a comprehensive intervention for a public health issue. This year, the theme is mental health. Teams are judged by a panel of experts on implementation, creativity, and practicality.

988: IT IS NOT JUST A NUMBER WEBINAR #4

Tia Dole, Vibrant Emotional Health, shared her three ideas for the next webinar in the 988: *It is NOT just a number series*. 1) Geo routing. Currently, calls are routed via area code, but she said it would be more efficient for calls to be served by their local call centers. Some concerns to address would be the differences between geo routing and geolocation and the fear of law enforcement showing up at the door of a person in a mental health crisis. 2) Expanding the crisis continuum. Exploring how states are using funds on state centralized platforms across state crisis continuum would be timely. Other related topics include how states are encouraged to invest in their programs, such as mobile units and crisis care centers. 3) Special populations. Tia emphasized the need to explore specialized service programs needed in populations such as Veterans, Spanish speaking individuals, Indigenous communities, and LGBTQ+ persons.

Kirsten added that CMS, in collaboration with SAMHSA, has been directed to develop additional guidance and a technical assistance center on Medicaid and CHIP support for crisis stabilization that will release in early 2025, and could be beneficial for publicizing the 988 standards.

Maggie highlighted the need for quality performance metrics and proper training for crisis counselors. Resources differ across states, which can lead to different training programs. Patricia noted that the NIMH had a counsel clearance in September on [Priority Research Opportunities in Crisis Response Services](#) that addresses some of the barriers for 988, specifically performance metrics. Tia acknowledged the importance of understanding the landscape across the country, as it is continuously changing. The NRI has already provided state information to SAMSHA that would be beneficial for members to review. Tara provided the [Snapshot of Behavioral health Crisis Services and Related Technical Assistance Needs Across the U.S.](#), and will seek approval to share the full report. It was also mentioned that National Association of State Mental Health Program Directors is doing parallel work so could be a topic to avoid. Members agreed that having a fourth webinar in late 2024 would be appropriate.

NASEM COMMUNICATIONS: PRODUCTS

Marguerite Romatelli, Communications Specialist, presented an overview of products available through the HMD Office of Communications. Standard deliverables for workshops include social media and email promotions. For additional costs, other products include: custom graphics; paid social media content and or advertising from select external organizations and associations relevant to the project; infographics; table displays, fliers, and one pagers; frequently asked questions (FAQs); custom PowerPoint decks; interactive web pages; videos, animations, and event “sizzle reels”; posters; brochures, booklets, and attendee packets; community engagement services; translation services; and communications analytics and engagement reports.

FUTURE TOPICS

Aaron Weiner suggested meeting the broader mental health needs through leveraging scalable tools, evidenced-based practices, and early detection. He also suggested alcohol as a potential topic. He noted that the WHO and Canada recently revised guidelines around alcohol. Additionally, gambling and online sports betting as an addiction would be a useful topic, as there is a lack of regulation and problematic advertising is increasing. He also proposed a workshop in which public health officials from the 5 states with the largest reductions in overdoses share best practices.

Anita added that she recently met with a group from the office of the first lady in Ukraine, and they are interested in a whole population approach to the widespread trauma in Ukraine, which could be relevant to the issues Aaron raised. She also brought up youth crisis and the use of dynamic systems monitoring to learn about emergency systems use. Additionally, CCBHCs have electronic health records, and a workshop could be a way to harness shared resources to learn about long term management of those across the mental health spectrum. SAMHSA is also interested in civilian services for Veterans, as they are showing promise.

Perry raised that early intervention, recognition, and prevention efforts should be included in the ideas brought up by Aaron. He would like to hear focused discussions on the long-term impact of trauma and abuse. He referred to the previous workshop on [Caring for People with Mental Health and Substance Use Disorders in Primary Care Settings](#) and how lessons learned from those discussions are still relevant. He noted AI would also be interesting to explore.

Barbara Roland shared Indian Health Service’s priorities: maternal mental health, crisis response teams, youth in-patient treatment centers, and integrated behavioral health.

Richard Frank brought up ADHD stimulant shortages and the impact, emphasizing the need to understand what causes pharmaceutical companies to leave the development of psychotropic medications and what could be done through public investments to promote new treatments. He also shared that states are starting to sue social media platforms for the impact on children. It would be important to understand issues about causation and remedies.

Carlos echoed that alcoholism is an important issue to discuss. He also proposed tailoring artificial intelligence for mental health and substance use disorders and behavioral addictions, such as gambling and social media, as a future topic.

Deidra echoed that alcohol awareness in public health, especially following the pandemic, is a vital topic to discuss. She also noted that the integration of care, screening for mental health and substance use disorders in primary care settings, is a big theme in NIH initiatives.

Patricia agreed with Carlos' point that social media addictions are an issue in youth and adolescents and was exacerbated during COVID-19. She also proposed best practices for crisis care clinics as another topic. She shared that the Tribal Health Research Office is interested in research around historical trauma. Barbara agreed that this would be helpful because IHS does not engage in research. The NIMH is also interested in managing ADHD, as Richard suggested. Patricia also proposed a topic on addressing social determinants of health to improve mental health practice.

Kirsten and Tisamarie shared that CMS and ASPE are both interested in the outcomes of different housing supports to address the various needs of those with serious mental health conditions and addictions, especially in areas that lack access. Tisamarie said ASPE is also interested in alternatives and practical solutions to providing care in those settings along with other topics such as existing mobile behavioral health apps and how they are being used in clinical settings to expand the reach of healthcare providers. Rosalie proposed lessons learned from COVID, specifically the rapid expansion of networks through telehealth and mobile apps across state lines and noted the National Committee for Quality Assurance is interested in this topic.

Maggie added that research on the use of research evidence is critical. It is important to track whether people are using all the evidence-based research in behavioral health and noted the uptake at the policy-, practitioner-, and administrator-level is minimal.

Ruth emphasized that the group needs to continuously have discussions about structural racism, oppression, and equity about how it relates to government funding priorities.

NEXT STEPS

The next membership meeting is July 11, 1:30 to 3:30pm ET, following the workshop on [*Addressing Workforce Challenges Across the Behavioral Health Continuum of Care*](#). This will be a hybrid meeting, but members are encouraged to travel to DC.

Staff will share a questionnaire of the identified future topics to explore. Topics will be further discussed at the next membership meeting. Allie reminded members that topics can also be examined through other activities such as papers and webinars.

DC Public Health Case Challenge

The DC Public Health Case Challenge aims to promote interdisciplinary, problem-based learning around a public health issue that faces the local Washington, DC, community. Universities in the DC area that have a school or program of public health form teams consisting of 3-6 members from at least three disciplines. Teams are given a case, written by students from the participating universities, that provides background information on a local public health problem. Teams have a limited amount of time to devise a comprehensive intervention, which they present to an expert panel of judges. Teams are judged on the interdisciplinary nature of their response, feasibility of implementation, creativity, and practicality. Each year a topic for the case is chosen that is relevant in the local DC area and also has broader domestic and global resonance.

The topic of the 2023 Case Challenge was A Public Health Approach to Improve the Health of Women Experiencing Homelessness in D.C. The 10th Annual DC Public Health Case Challenge took place on October 6, 2023 at the NAS Building.

2023 Case: A Public Health Approach to Improve the Health of Women Experiencing Homelessness in D.C.

The 2023 DC Public Health Case Challenge took place on Friday, October 6, 2023. Seven competing teams from D.C.-area universities — each with up to six members from at least three disciplines — were given two weeks to develop a solution to this complex problem with a hypothetical \$1 million budget to be used during a two-year span. The teams presented their solutions to a panel of expert judges who evaluated the interdisciplinary nature of the proposals, feasibility of implementation, creativity, and practicality. The Grand Prize was awarded, along with prizes for interprofessionalism, and two Wildcard prizes (for a community-centered solution and for innovation).

[Case Challenge](#) | [Informational Webinar](#) | [Winning Proposal](#)

2022 Case: Protective Community Environments and Their Contribution to Intimate Partner Violence Prevention: The Role of Youth

The 2022 DC Public Health Case Challenge took place on Monday, October 10, 2022. Six DC-area university teams developed and proposed solutions with a hypothetical \$1 million budget to be used during a five-year span. The teams presented their solutions to a panel of expert judges, and they were evaluated on the interdisciplinary nature of their response, feasibility of implementation, creativity, and practicality. The Grand Prize was awarded, along with prizes for interprofessionalism, and two Wildcard prizes (for integrating theater into a solution, and for cohesive and detailed presentation of the solution).

[Case Challenge](#) | [Informational Webinar](#) | [Winning Proposal](#) | [Summary](#)

2021 Case: Prevention and Control of Bacterial Sexually Transmitted Infections in Young Adults 18-24

The 2021 DC Public Health Case Challenge took place on Friday, October 29, 2021. Seven universities from the DC area developed and presented solutions to address sexually transmitted infections in DC. Their solutions were evaluated by a panel of expert judges and four prizes were awarded: the Grand Prize, Practicality Prize, Harrison C. Spencer Interprofessional Prize, and a Wildcard Prize.

[Case Challenge](#) | [Informational Webinar](#) | [Winning Proposal](#) | [Summary](#)

2020 Case Challenge was not held due to the COVID-19 pandemic.

2019 Case: Reducing Health Disparities in Maternal Mortality by Addressing Unmet Health-Related Social Needs

[Case Challenge](#) | [Winning Proposal](#) | [Informational webinar](#)

2018 Case: Reducing Disparities in Cancer and Chronic Disease: Preventing Tobacco Use in African American Adolescents

[Case Challenge](#) | [Winning Proposal](#) | [Informational webinar](#) | [Summary](#)

2017 Case: Lead and Adverse Childhood Experiences: Neurological and Behavioral Consequences for Youth in the District of Columbia

[Case Challenge](#) | [Winning Proposal](#) | [Summary](#) | [Informational webinar](#) | [Follow-Up Event](#)

2016 Case: The Changing American City and Implications for Health and Well-Being of Vulnerable Populations

[Case Challenge](#) | [Winning Proposal](#) | [Summary](#)

2015 Case: Supporting Mental Health in Older Veterans

[Case Challenge](#) | [Winning Proposal](#) | [Summary](#) | [Follow-Up Event](#)

2014 Case: Supporting Adult Involvement in Adolescent Health and Education

[Case Challenge](#) | [Winning Proposal](#) | [Summary](#) | [Follow-Up Event](#)

2013 Case: Violence Affecting LGBT Youth

[Case Challenge](#) | [Winning Proposal](#) | [Summary](#) | [Follow-Up Event](#)

The DC Public Health Case Challenge is co-sponsored by the National Academy of Medicine's Kellogg Health of the Public Fund and the National Academies of Sciences, Engineering, and Medicine's [Roundtable on Population Health Improvement](#), with support from the [Global Forum on Innovation in Health Professional Education](#). The Case Challenge is modeled on Emory University's Global Health Case Competition, and was born when representatives from the National Academies of Sciences, Engineering, and Medicine and Georgetown University met at Emory's competition in March 2013.

For more information, contact Amy Geller, Senior Program Officer, at ageller@nas.edu.

Join Our Community

Addressing the Impact of Tobacco and Alcohol Use on Cancer-Related Health Outcomes: A Workshop

March 17-18, 2025

Current Working Group: Roy Herbst, Gail Eckhardt, Gwen Darien, Scarlett Lin Gomez, Chanita Hughes-Halbert, Roy Jensen, Elena Martinez, Lisa Richardson, Katrina Trivers

Statement of Task:

A National Academies of Sciences, Engineering, and Medicine planning committee will organize and host a 1.5-day public workshop that will explore strategies to reduce tobacco and alcohol use to lower cancer risk and improve health outcomes. The workshop will feature invited presentations and panel discussions on topics that may include:

- The effects of tobacco and alcohol use—including synergistic effects—on cancer incidence and outcomes.
- Risk factors for tobacco and alcohol use and their influence on disparities in outcomes.
- Clinical practice guidelines, including in the context of cancer treatment, for tobacco cessation and interventions to help patients reduce alcohol use.
- Strategies for data collection and research to address evidence gaps.
- Lessons from tobacco control that could be applied to encourage reduction in alcohol use.
- Impact of recent tobacco policy changes and ways to further advance progress in tobacco control.

The planning committee will develop the agenda for the workshop sessions, select and invite speakers and discussants, and moderate the discussions. A proceedings of the presentations and discussions at the workshop will be prepared by a designated rapporteur in accordance with institutional guidelines.

Policy Context:

The U.S. Surgeon General's 1964 landmark report explained how smoking tobacco led to an increased risk for lung cancer and chronic illness (Hall, 2022). Since then, more refined data on the impact of tobacco product use has accumulated, and many public health and regulatory policies have been implemented to reduce tobacco use. Ninety percent of lung cancer deaths are caused by tobacco use or exposure to secondhand smoke, and one out of every three cancer deaths in the U.S. is related to cigarette smoking (CDC, 2022a). Tobacco use increases risk of death generally, including from cardiovascular and lung disease, and increases the risk for at least 12 types of cancer in addition to lung cancer, as well as increasing the risk of cancer recurrence and complications during cancer treatment (CDC, 2021 & CDC, 2022a). The social determinants of health also play a large role in cancer, and known disparities exist in both smoking prevalence and cancer outcomes. Specifically, racial and ethnic minority populations and those who have low socioeconomic status are more likely to use tobacco, experience worse outcomes related to tobacco use, and experience worse cancer outcomes. These disparities are due to a complex set of factors, including historical aggressive marketing of tobacco products to these communities by tobacco companies and barriers to equitable health care (ACS, 2023).

Federal and state policy efforts aimed at reducing the public health burden from tobacco use have included regulation and taxation, such as the Family Smoking Prevention and Tobacco Control Act of 2004, the Food and Drug Administration's 2010 final rule restricting marketing and promotion of cigarettes and smokeless tobacco products, and raising of the minimum age to purchase tobacco products to 21 with the federal Tobacco 21 initiative of 2019 (IOM, 1994; Library of Congress, 2023). Research has shown that these policies have led to improvements in environmental health, changed societal norms around the acceptability of smoking, and have helped prevent smoking initiation in populations, while also reducing negative health outcomes and consequences (IOM, 1994; Cummings and Proctor, 2014; CDC, 2021; CDC, 2022b). The Biden

Administration's current Cancer Moonshot Initiative affirms tobacco's role in cancer incidence and prevalence and highlights the importance of tobacco control and regulation policy efforts (The White House, 2023). This initiative provides new opportunities to revise or expand these policy efforts based on current knowledge.

Interest in better understanding how alcohol affects cancer incidence and outcomes has also increased in recent years. Research has shown that alcohol consumption accounts for approximately 4 percent of cancer deaths in the United States and worldwide (ACS, 2020; Goding Sauer et al., 2021; Rungay et al., 2021). Moderate to heavy alcohol consumption increases the risk for head and neck cancer, liver cancer, breast cancer, and colorectal cancer; alcohol consumption has also been associated with increased risk of esophageal cancer (ACS, 2020; NCI, 2021). Research has also investigated the genetic and biologic mechanisms whereby alcohol consumption increases cancer risk (NCI, 2021). As the evidence base continues to grow on the association between alcohol consumption and cancer risk and outcomes, both public and private organizations have started to emphasize the negative health consequences of alcohol consumption (ACS, 2020; NCI, 2021), and the potential opportunities to reduce the cancer burden through improved education of the general public on the link between alcohol consumption and cancer risk and outcomes (Rungay et al., 2021).

Currently, more people recognize the potentially harmful effects of tobacco usage on cancer outcomes compared to the risks of alcohol consumption, so increasing awareness could help reduce cancer burden (AICR, 2017; Seidenberg et al., 2023). Data also show that individuals who smoke are much more likely to consume alcohol, and vice versa (van Amsterdam and van den Brink, 2023). Use of both alcohol and tobacco has synergistic health effects and is associated with worse health outcomes than either tobacco or alcohol use alone (NCI, 2021), including an increased risk for complications among patients undergoing active treatment for cancer (CDC, 2021). While tobacco cessation, control, and education are considered standard practice in oncology care (CDC, 2021), alcohol cessation, control, and education in oncology practice is not as prevalent or standardized (Henley et al., 2014). Thus, there is a clear need to better understand dual use on cancer incidence and outcomes, to improve public education, and to develop oncology clinical practice guidelines for patients who use alcohol and tobacco.

Policy strategies have the potential to reduce cancer morbidity and mortality associated with alcohol and tobacco use. More recently implemented or proposed tobacco policy strategies include restricting and banning sales of menthol-flavored cigarettes, regulation and reduction of nicotine levels in cigarettes to combat addiction, and increased attention on mitigating harms related to vaping in youth populations through regulatory means and through strategic health communication campaigns and messaging (ACS, 2023; FDA, 2022). Evidence-based policy interventions to reduce alcohol consumption that have been proposed by global health organizations generally include increasing alcohol taxes, tighter restrictions surrounding the advertising of alcohol, reducing alcohol availability (especially to youth populations), and increasing consumer information and knowledge on the negative impacts of alcohol through labeling (Gapstur et al., 2022).

The National Cancer Policy Forum will convene a public workshop to explore strategies to reduce tobacco and alcohol use to lower cancer risk and improve health outcomes. The workshop, planned for the spring of 2025, will build upon a consensus study to Review the Evidence on Alcohol and Health (scheduled for release in early December of 2024), which aims to review, evaluate, and report on the most recent scientific evidence of the relationship between alcohol consumption and health outcomes, including the specific relationship to cancer.

References:

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Potential speakers who have been suggested thus far:

- [David Berrigan, NIH/NCI](#)
 - Lead on NCI study around alcohol and tobacco-related cancer risk
- [Rob Califf, FDA](#)
- Danielle Carnival, Cancer Moonshot & White House Office of Science and Technology Policy
- [Kenneth Michael Cummings, Medical University of South Carolina](#)
- [Carolyn Dresler, Former FDA Center for Tobacco Products](#)
- MARRISA B. ESSER, CDC
 - Leads CDC Alcohol Program
- [Susan M. Gapstur](#)
 - Epidemiology consultant; medical, biological, and lifestyle determinants of cancer risk (including alcohol consumption)
- [Jennifer L. Hay, MSKCC](#)
 - Psychologist, expertise in addressing the psychological aspects of cancer risk, diagnosis, and treatment
- [Jane Henley, CDC](#)
 - Alcohol, tobacco, and cancer
- [Farhad Islami, American Cancer Society](#)
 - Cancer disparities and health equity research

- [Amy Justice, Yale University](#)
- [Brian King, FDA Center for Tobacco Products](#)
- [William Klein, National Cancer Institute](#)
 - Health communications, risk communication, health behavior research
- [Noelle LoConte, University of Wisconsin School of Medicine and Public Health](#)
- [Nigar Nargis, American Cancer Society](#)
- [Marcella Nunez-Smith, Yale University](#)
 - Health disparities and health equity
- [Michael Pigone, Duke University](#)
- [Harriet Rungay, IARC](#)
 - Global data on cancer disease burden attributable to alcohol and tobacco
 - <https://pubmed.ncbi.nlm.nih.gov/34270924/>
 - Co-authored with Kevin Shield below
- Andrew Seidenberg, Shroeder Institute of the Truth Initiative
 - Alcohol awareness in the United States
 - <https://www.cancer.gov/news-events/cancer-currents-blog/2023/cancer-alcohol-link-public-awareness>
- [Kevin Shield, University of Toronto](#)
 - Biological components of alcohol and alcohol data
- [Ellen Sigal, Friends of Cancer Research](#)
- [Jamie Studts, University of Colorado](#)
- [Benjamin Toll, Medical University of South Carolina](#)
 - Clinical psychologist, tobacco cessation and health behavior research
- [Graham Warren, Medical University of South Carolina](#)
 - Radiation oncologist, effects of tobacco on cancer treatment research

Statement of Task

Title: *Applying Neurobiological Insights on Stress to Foster Resilience Across the Lifespan: A Workshop*

Forum on Neuroscience and Nervous System Disorders
Forum on Mental Health and Substance Use Disorders

Statement of Task:^[2] A planning committee of the National Academies of Sciences, Engineering, and Medicine will host a 1.5-day public workshop that brings together leaders and experts across sectors and disciplines (e.g., neuroscience, psychology, neurodevelopment, public health, medicine, and education) to explore the application of neurobiological insights on stress for building resilience.

Invited presentations and discussions may:

- Review scientific evidence on the global rise of stress, disparities among populations, and the relationship between stress and development of related psychiatric and neurological disorders.
- Examine recent discoveries illuminating the neurobiological mechanisms of stress and resilience.
- Consider the role of both childhood neurodevelopment and neuroplasticity across a lifetime in building resilience and discuss effective approaches for optimizing resilience during critical periods of neurodevelopment.
- Explore how these findings could inform public health programs and education to promote resilience.
- Discuss research gaps and opportunities for studying stress and resilience across research, clinical, and public settings.

A planning committee will develop the agenda for the workshop, select and invite speakers and discussants, and moderate the discussions. Following the workshop, proceedings of the presentations and discussions will be prepared by a designated rapporteur in accordance with institutional guidelines.

Guest Speaker Bio

Julie Hayes Seibert, Ph.D., M.P.H., M.A. Senior Research Scientist – Behavioral Health, NCQA (she/her) (Raleigh, NC)

Dr. Seibert leads NCQA's Behavioral Health Knowledge Center. In this role she conducts research on behavioral health measurement approaches and methods to evaluate behavioral health access, quality and outcomes. She has over 30 years of combined experience in research, program and policy development in behavioral health care. Her work has focused on developing system performance and consumer outcome measures for use in mental health and substance use disorder programs. In her work at NCQA, Dr. Seibert provides subject matter expertise in behavioral health and measure development for NCQA's portfolio of over 25 behavioral health measures, including providing technical assistance for multiple CMS-funded measurement projects. She also serves as the task lead for a CMS-funded behavioral health equity policy evaluation project. Dr. Seibert has demonstrated knowledge in measure development, leading teams in preparing quality measures for technical expert panel review and consensus-based endorsement. In her prior work at Truven Health Analytics (now IBM Watson) and RTI International, Dr. Seibert led teams in developing novel mechanisms to capture service recipient voice, having piloted a CAHPS survey for home and community-based services and an internet-based CAHPS- like survey for addiction treatment providers. Dr. Seibert has a Ph.D. in Health Policy Management and an M.P.H. from the University of North Carolina at Chapel Hill, an M.A. in mental health counseling from Gallaudet University, and a B.A. from Duke University.



**NASEM Forum on Mental Health and Substance Use Disorders
988: it is NOT just a number Webinar Series**

Rationale

The federally mandated crisis number, 9-8-8, launched on July 16, 2022. The easy-to-remember number aims to strengthen the nation’s existing emergency response system to ensure appropriate assistance is available to all those in need of behavioral health crisis care and to reduce those in crisis from “needlessly cycling through emergency departments and the criminal justice system.”¹

The NASEM Forum on Mental Health and Substance Use Disorders introduced the 988 framework in a virtual workshop on *Strategies and Interventions to Reduce Suicide* in July 2021. Right after its launch, the Forum held two closed meetings in September 2021 with major stakeholders and policy makers to discuss the future needs for the success of 988. After continued consultation with several experts in the field, it was determined that “much work remains to be done” and that the Forum could further contribute to supporting state and local implementation of the new 988 lifeline by holding post-launch webinars to focus on challenges and learning opportunities.

As a result, in 2023, the Forum launched a public webinar series, *988: It is NOT just a number*. The first two webinars provided an overview of the implementation landscape and featured state and local lessons learned. Both webinars were well attended and feedback from attendees indicated the series fostered collaboration and resource sharing. Based on the significance and timeliness of 988, the Forum will continue hosting webinars monitoring the progress of implementation efforts while promoting the utility of the new lifeline to save lives. This is an opportunity to build a more robust behavioral health continuum by sharing information about what works and what does not work in different settings.

Webinar #1: Providing a Consistent, Systemic Framework for Crisis Response Services

January 20, 2023, 12:30 PM—2:30 PM ET

Viewers: 493 live attendees, 78 downloads

The first webinar presented an overview of the 988 implementation landscape and explored how mental health and crisis services need to be viewed as a public good for states to adopt and implement. Featured speakers discussed financing and sustainability issues; building cultural competency; and working with law enforcement.

The recording of the event and meeting materials are posted [here](#).

Webinar #2: State and Local Exemplars

¹ <https://bipartisanpolicy.org/report/988-answering-the-call/>

January 23, 2023, 12:30 PM—2:30 PM
Viewers: 345 live attendees, 97 downloads

The second webinar featured 988 implementation examples at the state and local level. Representatives from Virginia, Connecticut, and LA County, discussed challenges, best practices, and shared lessons learned while implementing the utility of 988. Other topics such as addressing rural challenges, serving diverse populations, and the effect of state insurance coverage were also discussed.

The recording of the event and meeting materials are posted [here](#).

Webinar #3: Data Collection and Developing Metrics

October 3, 2023, 2—4:30 PM ET
Viewers: 676 live attendees, 802 downloads

The third webinar highlighted data metrics used to the effectiveness of 988, and included discussions on the importance of data transparency, methods for data-sharing, and state differences. Crisis counselors from Arizona, Texas, Georgia, and Utah shared challenges and best practices for collecting, analyzing, and sharing data. Policy implications and approaches to sustaining the lifeline were also topics of discussion.

The recording of the event and meeting materials are posted [here](#).

Report for Future topics for the Forum on Mental Health and Substance Use Disorders 2024

Response Counts



Totals: 15

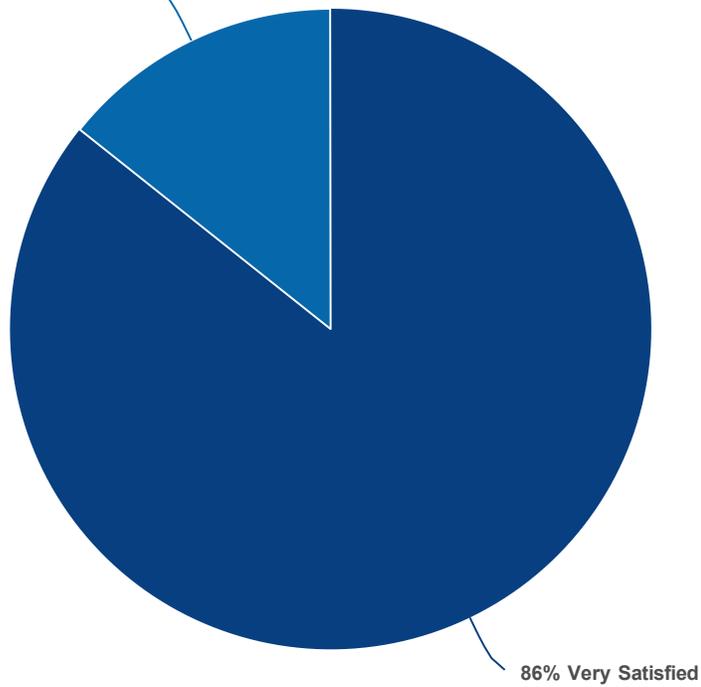
1. Please rank your top 3 future topics for the Forum to explore (1 representing highest interest, 3 the lowest)

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Addressing social determinants of health (e.g., housing support services) to improve mental health practice	1		21	8
Lessons learned from COVID-19 (i.e., expansion of telehealth, mobile apps)	2		17	9
Feature 5 states with the largest reductions in overdoses and share best practices	3		14	7
Behavioral addictions (e.g., gambling, sporting betting, and social media)	4		12	5
Causation and remedies for social media impacts on children and abatement	5		10	6
Long term management across the mental health spectrum using CCBHC electronic health records	6		7	3
ADHD stimulant shortages	7		5	3
Revisiting alcohol guidelines	8		4	4

 Lowest Highest

2. Overall, how satisfied are you with the forum's work?

14% Somewhat Satisfied



Value	Percent	Responses
Very Satisfied	85.7%	12
Somewhat Satisfied	14.3%	2

Totals: 14

Resources related to SDOH

- <https://nap.nationalacademies.org/catalog/25350/integrating-health-care-and-social-services-for-people-with-serious-illness>
- <https://nap.nationalacademies.org/read/26596/chapter/1>
- <https://nap.nationalacademies.org/catalog/25467/integrating-social-care-into-the-delivery-of-health-care-moving>