

Listening Session and Strategic Discussion Series:

Emerging Issues Around COVID-19 and Social Determinants of Health for the Substance Use Prevention, Treatment and Recovery Workforces

Overview of ATTC/PTTC Listening Session and Strategic Discussion Series

Background

The [Addiction Technology Transfer Center \(ATTC\) Network](#), and the [Prevention Technology Transfer Center \(PTTC\) Network](#) facilitated a national online discussion and resource sharing opportunity for the substance use (SU) prevention, treatment, and recovery workforces focused on emerging issues around social determinants of health (SDH) and COVID-19. This was in response to the differential impact of the pandemic in underserved communities and/or communities of color. The goal of the series is to engage diverse community voices and create space and structure to hear from these communities about the following issues:

- How has COVID-19 further highlighted racial and ethnic disparities?
- What is the impact on the communities and those with substance use disorder?
- What is the impact on the SU prevention, treatment and recovery workforces?
- What strategies and resources are needed to mitigate these impacts?

Through an initial listening session to frame the ongoing and emerging issues and subsequent strategic discussions to engage key communities, the intent is to gather strategies and resources to identify emerging best practices that can support underserved and/or communities of color. *By no means is this to undermine the need for structural changes to address the intersecting and cumulative impacts of social determinants of health*, but rather to recognize this complex issue requires multi-level approaches and communities are developing culturally responsive strategies and resources to mitigate these impacts. After each session, we will disseminate notes, core themes, and outline any strategies and resources shared.

Timing of Series

- 1 Listening Session (Wednesday, April 22)
- 5 Strategic Discussions with specific populations:
 1. April 28: Health Disparities and the impact of COVID-19 on African American and black communities.
 2. April 30: Strategies to support the LatinX communities.
 3. May 5: American Indian/Alaska Native communities: Trauma-responsive approaches to support the communities.
 4. May 7: Asian-American, Native Hawaiian, and Pacific Islander communities and addressing stigma.
 5. May 12: *Wrap-up Session*: Racial equity and health disparities in the age of COVID-19: What new strategies are needed to support the SU prevention, treatment and recovery workforce serving communities of color and/or underserved communities?

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Strategic Discussion Session 5: *Racial equity and health disparities in the age of COVID-19: What new strategies are needed to support the SU prevention, treatment and recovery workforce serving communities of color and/or underserved communities?*

May 12, 2020: 2-3pm ET

Holly Hagle, Ph.D. and Nicole Augustine, MPH, MCHES, CPS facilitated the wrap-up session with the four facilitators from the previous strategic discussion sessions: LaShonda Williamson-Jennings, MEd, CPS; Alex Barajas Muñoz, Ph.D.; Diana Kramer, MA; Larke Nahme Huang, Ph.D. 246 people attended the online Zoom webinar and contributed through chat. The facilitator and panelists bios, session report, and link to the recording are posted on the [ATTC series page](#) and [PTTC series page](#). Four people analyzed the notes to outline themes and key issues, plus any strategies and resources that could be shared after the event. All notes shared in the report are de-identified except for when the community identity is relevant to framing issues.

Overview and Key Themes

Panelists provided 1-2-minute reviews from each of the four previous sessions. Panelists then identified overlapping themes across these four sessions. The last half of the session focused on identifying strategies to support the substance use prevention, treatment and recovery workforce serving communities of color and/or underserved communities to build a stronger and more inclusive system. Attendees were encouraged to participate and share comments and questions throughout using chat.

The following section summarizes overlapping themes identified by panelists and attendees, outlines strategies and resources shared, and ends with messages of hope. At the end of the document, there are a few resources shared (in addition to all the resources from the five previous reports).

Overlapping Themes

Many of the themes reflected in one session were echoed in the other sessions. Panelists and attendees outlined how concerns in their community were reinforced within other community discussions. These include:

- **Addressing and building trust**
 - All communities identified the need to build trust to improve healthcare outcomes in communities of color and/or underserved communities.
 - LatinX communities: “We must know that trust is a small word with huge ramifications based on experiences.”

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- AANHPI communities: “The AANHPI community does not routinely speak up about mental health and other issues. They need to trust they can speak up about the things.”
- African-American and black communities: “We have said that across all of our groups that trust among marginalized populations is critical and does not exist currently. Trust in terms of our government, access to medical care. Lack of trust within communities in which we live in. A huge point that was brought up was that trust and this need to build trust with our community.”
- American Indian and/or Alaska Native communities: “Historical trauma has led to distrust of the government” and other agencies.
- **Lack of access to resources**
 - This extended across all communities and included primary care access, treatment access, transportation to treatment and recovery services, lack of access to technology for telehealth, lack of testing for SUD, MH, and now COVID-19 in communities, lack of personal protective equipment (PPE) and healthcare for workers deemed essential, lack of safe spaces and housing, and lack of access to prevention resources and culturally and linguistically appropriate materials.
- **Increased Disparities**
 - All communities reinforced that systemic racism, intergenerational trauma, stigma around accessing mental health and substance use disorder treatment, and other existing health disparities are being exacerbated by the pandemic, causing under-resourced communities to be increasingly disadvantaged.
 - “Systematic racism contributes to Health Disparities. U.S. society was inequitable prior to this, now those inequities that leaders have tried to sweep under the rug have risen to the surface like a bruise. There was already a lack of technology and running water in many communities, that should never have been acceptable.”
 - The economic impact is a compounding issue for those already economically disadvantaged.
 - “It is always an issue of private insurance vs state insurance and what it pays. Some services are paid with one and not with the other.”
 - There is a cumulative impact of trauma which is often misunderstood: Compounding trauma from racial inequities, plus the pandemic, plus intergenerational and/or historical trauma.

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- Overrepresentation of communities of color in underlying health concerns (diabetes, hypertension, other health issues) compounded with COVID-19 health concerns results in an increase in morbidity rates and worsening of chronic health issues.
- **Intergenerational Trauma**
 - All communities spoke to the impact of intergenerational trauma within their communities; while the context is different, the impact on their communities is increased stress, anxiety, a loss of culture and history, and ongoing stigma and discrimination which impacts substance use, health, trust of organizations, including healthcare, and lack of access to care.
 - Communities shared that trauma is historical and often multi-generational. Increased by ongoing stigma, racism, and xenophobia. Mitigated by resilience and strengths-based approaches.
 - COVID-fostered discrimination has significantly impacted AANHPI
- **Build Culturally Competent Workforce**
 - Communities reinforced that there is a lack of culturally competent providers and materials to support communities. This includes having linguistically appropriate materials, especially for LatinX and diverse AANHPI communities.
 - “Do we have a prepared workforce to deal culturally across different groups? This seems like it’s been a constant issue to get a workforce that is representative of the population they serve and ensure there is a cultural engagement and cultural understanding across cultures.”
 - An ongoing issue is “trust and availability of, and access to, culturally competent providers.”
- **Culture and Resilience**
 - Communities spoke to the ways in which culture can act as a protective factor if people reconnect with their cultural traditions, histories, food, practices, and language.
 - Building community resilience was reinforced as a way for communities to sustain themselves through the pandemic and seek out trusted sources from within the community.
 - “Communities in many ways have to depend on themselves and pull from within their communities. The fact that they existed under various situations of inequity for generations that there is



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tremendous strength in them, how do we move and capitalize on that in this pandemic?”

- “All that struggle has been paired with a tremendous amount of strength and resilience from all of these groups. We are thriving in some ways - how do we pull from those cultural strengths? Not just advocate but empower to connect with natural sources - traditional healing practices included - bring them to the forefront the strength and resilience that has kept us alive despite all the harshness.”
- ...“these are life and death issues and there is a very strong desire among all of us to do more to be of service and address and eliminate these injustices and disparities.”

Strategies to support the substance use prevention, treatment and recovery workforce serving communities of color and/or underserved communities to build a stronger and more inclusive system.

Panelists and attendees identified strategies to address the disparities and support the substance use prevention, treatment and recovery workforce serving communities of color and/or underserved communities. These include:

Building Cultural Capacity and Community Resilience

Recognizing culture as a protective factor that supports community resilience means identifying and educating the community around culture and strengths-based approaches.

- “There is a need to be able to feel free to embrace your culture when you’re a minority within a larger cultural context. [Knowing that] there some strategies of your culture that are important and it’s fine to express that.”
- Disseminate cultural resources (medicine, language, traditions, practices, arts) in creative ways to reinforce community pride and history. Connect youth with elders.
- “Be active in helping where you can. Reach out to those that have low immune systems and the elderly. Volunteer at the grocery shop for them. If you know someone without internet services let them know about free internet services for those who are in school but have no access.”
- Seek out or develop trainings that reinforce culture as a protective factor.
 - *Example:* “Georgia Council of Substance Abuse offers a training for the community called Creating Cultures of Recovery. We try to be very intentional about highlighting and lifting up diversity. We also make sure that next projects are focused on finding ways to support underserved populations through advocacy, education, training and peer recovery support services.”

Engage in crucial and uncomfortable conversations

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Be willing to lead and engage in uncomfortable conversations to move the dialogue forward for yourself, your community, and your organization. “Get comfortable being uncomfortable.”

- Have more difficult conversations more often.
 - “In that tension is where we will find change.”
- Be intentional about engaging with other communities of color. “Celebrate “differentness” and “sameness” to humanize people.”
- Reinforce that nobody represents an entire culture or group.
- “Teach rather than reprimand.” Teach others and raise children to challenge their own and other’s beliefs in a safe space.
- Own your bias and create a space where people can address bias. “Be aware of preconceived assumptions and work towards/against them. We all bring relational images of what we anticipate, and we can rewrite those to counter images.”
 - “Allowing space for people to interact who are different but also having those uncomfortable conversations for POC and white people to have. That discomfort is what is going to allow us to have change.”
 - “...having difficult conversations is critical particularly with our culture so divided at this point.”
 - “I think a part of what we can do being genuine, creating safe spaces involves being true and being a real person. Owning biases when we say or speak or have reactions. Trying to be self-aware and educate ourselves so that we can build trust.”

Build a diverse workforce

Challenge your organization and/or leaders to recruit and retain diverse staff across the substance use prevention, treatment and recovery workforce. Raise awareness around the need to create an inclusive culture in the workplace and leverage white allies to support diversity work.

- “Working as a member of a leadership team it’s important to look at that in my work. Are we looking for people different from me who think differently from me? Are we addressing race and ethnicity within our organization? If something egregious happens in the community, do we come back and talk about that in the staff?”
- Create opportunities to engage white allies in educating other white people
 - “POC are constantly having to cater to white fragility, especially at work.”

Communication Strategies and Data Collections

- Build and share trusted community sources for data, facts, and information.
 - Provide social media messages based on clear facts and offer direction for people to have concrete information.

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- Highlight harmful and inaccurate information and sources.
- Take community ownership of data and train community members and grassroots organizations to use data to inform, educate, and raise funds.
- Include statistics and education messaging that demonstrate partnerships between community organizations and perhaps CDC or federal systems & organizations.

Educate policymakers and increase community representation

There are a large number of town halls and strategic initiatives and this provides an opportunity for communities to deliver broad, clear and consistent messaging to funders and policymakers around needs and priorities.

- Request a seat at the table. If events are being created that impact/discuss the community, there should be solid community representation.
 - “Nothing about us without us... nothing is conceived or strategized without us about us.”
- Suggest an “accountability board” of community members as an official part of law enforcement and healthcare policy.
- Request funding for existing culturally responsive strategies and linguistically appropriate materials.
- Reinforce the need for culturally relevant initiatives
 - “Ensuring diversity, inclusion, cultural competence, connection to everything we’re creating and that’s how we thrive together.”

Linking pandemic strategies to systemic change

Communities reinforced that they are being asked to develop short-term strategies to address issues that require structural changes to be sustained. Despite this, many community-based organizations are identifying ways to build on these short-term (pandemic response) strategies to raise consciousness about the larger, structural issues that need to be addressed.

- “When we’re talking about injustice - as we think about strategies and press forward, what are the things we can do now and what are the things we should be working toward in terms of social justice in terms of skills etc. that we wouldn’t be addressing in the immediate future? Things we can do right now to get things moving and keep a level of consciousness that there’s still bigger picture things we can work toward as a society and group.”
 - “Strategies need to address the immediate health, economic, and safety risk of COVID-19. Those immediate strategies should be the building blocks to address long-term health disparities.”
 - *Example:* “Change policy to identify prevention, treatment and recovery services as “essential functions” under state COVID response protocols... if not already.”

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- *Example:* Implementing a COVID-HUB. At this COVID-HUB we are doing the following:
 - COVID-19 Mailer – A mailer will be sent to households in the target area with information and best practice to address the COVID-19 virus. A donation of masks will be sent as well.
 - COVID-19 Digital Hub - In order to address the digital divide, a free digital lab is being opened so that residents can gain access to the IRS, housing assistance, SNAP, utility assistance programs, school lessons, mortgage assistance, food assistance and other funding resources.
 - Free Childcare - As many in the community must work to maintain their housing and family stability, our coalition, partners and stakeholders will fund free childcare.
 - Food Distribution - Due to the high number of food deserts in our community, we partner [to provide food distribution].
- *Example:* “In MA we are pushing back at all of the procurements that will include Racial Equity lens' for all of the programming that the state will fund!”
- *Example:* “We can start ...with the Community Boards and attendance in the Committees coming from the grassroots of each community.”
- *Example:* “Mental Health community emergency teams to be the first response to community calls to avoid the first interaction being law enforcement.”
- *Example:* “Erie County NY is working on a Live Well initiative--looking with a racially informed lens on community wellness--with many voices that can speak to power and actually use strategies to work on changes!”
- **Continue to challenge policymakers and advocate for systemic change**

All communities recognized that sustained change requires structural changes at the policy level and reinforced the importance of voting, increasing diverse representation at the state and local policy level, changing the structure of the healthcare system, and advocating for the voices of diverse communities to be included.

 - Challenge policymakers to address systemic bias.
 - “Many government entities are very conservative and executive leadership are white and tend to stray away from these topics



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because they are "controversial." We are talking about systemic change."

- "Change needs to happen at a political level for these problems to be more thoroughly addressed."
- "The stigma around people dealing with mental health or substance use disorder is disheartening and does not support the individuals desire to access higher levels of care. We have to continue to discuss these social determinants and share this wealth of knowledge with policy makers, front line workers and our community residents to implement effective and strategic practice/s."
- We need a healthcare system that is not just looking to bill for the service (productivity) but taking the time necessary to hear the client and problem solve with them, frequent visits to follow up on actions taken."

Messages of hope for building better systems

Panelists and attendees focused on messages of hope to inspire communities as we collaborate together to build a stronger and more inclusive system of care.

- **Collaborate across diverse communities**
 - "This is touching all of us. Keep going, reach out to your connection and one another to establish new communities to connect to; utilize one another to keep that hope and thrive all together."
 - Think of people other than EMTs and police as first responders; could be faith-based leaders, those providing health literacy as COVID-19 news changes daily.
 - "It is vital that the walls that have been built because of distrust and fear have a door built into them that both lets people in and also lets people out."
- **Advocate, Educate and Participate**
 - "Together we can do more. Going back to those partnerships. Every crisis brings opportunity how do we protect ourselves and bring spaces to go beyond this pandemic for structures that will minimize impact and bias in our communities. Together and collaborating - creating those partnerships we can go further."
 - "The piece of hope I have is from Dr. King Jr's speech - Rip Van Winkle slept through a revolution and it is important that we do not sleep during a revolution...I can't help but be hopeful when we have conversations like this."



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- “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.” - Margaret Mead
- **Practice self-care**
 - “Take good care of ourselves and make healthy choices about what we’re using, eating, drinking, how we’re managing our anxiety and fear and guilt, stay resilient so that we can continue to be of service and fight the good fight.

Resources Shared

These are resources shared by attendees and panelists:

Resources

<i>Focus/Population</i>	<i>Title and Link</i>	<i>Brief Description</i>
<i>Addressing Assumptions and Bias</i>	The Ladder of Inference	An article from the Systems Thinker (published by Pegasus Communications now owned by the Omidyar Group) describing a model of steps people use to make sense of situations in order to act. Used as a tool to help people start conversations with facts versus assumptions.
<i>Black/African American Communities</i>	The Opioid Crisis and the Black/African American Population: An Urgent Issue	This issue brief provides an overview of the contextual factors influencing opioid misuse and opioid use disorder in Black/African American communities, highlights outreach and engagement strategies for prevention, treatment, and recovery interventions, and illustrates the importance of ongoing community voice and leadership in addressing the opioid crisis.

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<p><i>Prevention</i></p>	<p>National Prevention Week – SAMHSA Challenge</p> <p>View #PreventionHappensHere on Twitter</p>	<p>A SAMHSA event celebrating National Prevention Week (May 10-16). Using the hashtag #PreventionHappensHere to show “substance misuse prevention happens in a lot of places, spaces, and communities.”</p>
<p><i>Building Health Equity</i></p>	<p>ATTC: Building Health Equity & Inclusion</p>	<p>SAMHSA-funded Addiction Technology Transfer Center Network (ATTC) list of culturally and linguistically appropriate services (CLAS). Includes national standards, cultural humility and considerations, and resources for specific communities/populations.</p>
<p><i>Building Health Equity</i></p>	<p>PTTC: Building Health Equity & Inclusion</p>	<p>SAMHSA-funded Prevention Technology Transfer Center Network (PTTC) list of culturally and linguistically appropriate services (CLAS). Includes importance of culture, cultural competence/humility/intelligence, understanding health equity and disparities, and resources for specific communities/populations/</p>
<p><i>Building Health Equity</i></p>	<p>SAMHSA’s Behavioral Health Equity Website</p>	<p>Advancing health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible. This also applies to behavioral health. In conjunction with quality services, this involves addressing social determinants, such as employment and housing stability, insurance status, proximity to services, culturally responsive care – all of which</p>

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		have an impact on behavioral health outcomes.
<i>Culturally Responsive Services</i>	<p>Providing Culturally Relevant Crisis Services During COVID-19: Part 1: The Morbidity of National Trust and Mental Health Disparities-Past, Present, and Future</p> <p>Part 2: Culturally Responsive Factors to Consider</p> <p>Part 3: Culturally Responsive Services for Hmong Communities</p>	The Great Lakes ATTC, MHTTC, and PTTC has just produced a multi-part webinar series, Providing Culturally Relevant Crisis Services During COVID-19.
<i>Data on Substance Use and Health in Diverse Populations</i>	2018 National Survey on Drug Use and Health: Racial/ethnic populations	<p>List of slide decks:</p> <p>2018 National Survey on Drug Use and Health: American Indians and Alaska Natives;</p> <p>2018 National Survey on Drug Use and Health: African Americans;</p> <p>2018 National Survey on Drug Use and Health: Asians/Native Hawaiians and Other Pacific Islanders;</p> <p>2018 National Survey on Drug Use and Health: Hispanics, Latino or Spanish Origin or Descent;</p> <p>2018 National Survey on Drug Use and Health: Women;</p> <p>2018 National Survey on Drug Use and Health: Veterans;</p> <p>2018 National Survey on Drug Use and Health: Lesbian, Gay, & Bisexual (LGB) Adults.</p>

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<p><i>Diverse Communities</i></p>	<p>COVID 19 Resources for Diverse Communities</p>	<p>The outbreak of coronavirus disease 2019 (COVID-19) may be especially stressful for communities of color as emerging data indicates these communities are disproportionately negatively impacted. Access resources relevant for these communities.</p>
<p><i>Diverse Communities</i></p>	<p>Communities Respond to COVID-19 with Innovative High-impact Strategies: View the recording; Download the slides</p>	<p>This NNED Virtual Roundtable series will highlight issues associated with COVID-19, including:</p> <ul style="list-style-type: none"> • Unique experiences of individuals in underserved communities; • Strategies for providing culturally and linguistically appropriate health information; and • Specific actions taken by select NNED communities to deliver high-impact and easy to implement approaches that support behavioral health needs.
<p><i>Expanding Health Coverage</i></p>	<p>Resources from Centers for Medicare and Medicaid Services Roadmap to Better Care website</p>	<p>A Roadmap to Better Care and a Healthier You (multiple languages) This roadmap explains what health coverage is and how to use it to get primary care and preventive services so that you and your family live long, healthy lives. A Roadmap to Behavioral Health (English and Spanish) Use this CMS and SAMHSA companion guide for mental health and substance use service with the Roadmap to Better Care and a Healthier You.</p>

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<p><i>Health Disparities for Black and LatinX Communities</i></p>	<p>Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S.</p>	<p>A SAMHSA article submitted by OBHE (Office of Behavioral Health Equity) discussing the impact of COVID-19 on black and Latino communities and the compounding behavioral health issues. Includes a “What Can We Do?” section with information on how to address the situation.</p>
<p><i>Health Equity</i></p>	<p>National CLAS Standards website</p>	<p>The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.</p>
<p><i>Health Equity</i></p>	<p>Improving Cultural Competency for Behavioral Health Professionals (free e-learning course)</p>	<p>Cultural and linguistic competency is recognized as an important strategy for improving the quality of care provided to clients from diverse backgrounds. The goal of this e-learning program is to help behavioral health professionals increase their cultural and linguistic competency.</p>
<p><i>Structural Inequalities</i></p>	<p>Neighborhood Inequality In Shelter in Place - Impacts of COVID-19 in Los Angeles.</p>	<p>A brief on structural inequalities related to COVID-19 by the Institute on Inequality and Democracy.</p>

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