

**U.S. Department of Health and Human Services (HHS)  
Substance Abuse and Mental Health Services Administration (SAMHSA)**

**Minutes of the**

**SAMHSA Advisory Committee for Women's Services (ACWS) Meeting**

**August 24, 2016**

**SAMHSA Headquarters  
Rockville, Maryland**

**Committee Members Present:**

- Anita Fineday, J.D., M.P.A.
- Dan Lustig, Psy.D.
- Karen Mooney, M.S.W., LCSW
- Sarah Nerad
- Jeannette Pai-Espinosa, M.Ed.
- Carole Warshaw, M.D.

**Absent:**

- Mary Fleming, M.A., ACWS Chair and Associate Administrator for Women's Services, SAMHSA

**SAMHSA Leadership:**

- Sharon Amatetti, M.P.H., Women's Issues Coordinator, SAMHSA
- Nadine Benton, M.B.A., Acting Designated Federal Official, ACWS, SAMHSA
- Karen Gentile, LCSW-C, Esq., Public Health Analyst, SAMHSA

**Presenters:**

- Elaine Voces Stedt, Director, Office on Child Abuse and Neglect, Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families
- Keris Myrick, Director of Consumer Affairs, Center for Mental Health Services, SAMHSA
- Tom Hill, Senior Advisor, Center for Substance Abuse Treatment, SAMHSA
- Ashley Gavin, M.P.H., Center for Medicare and Medicaid Innovation
- Nancy C. Lee, M.D., Deputy Assistant Secretary for Health - Women's Health, Director, Office on Women's Health, HHS
- Amy Haseltine, Deputy of Operations, SAMHSA
- Tom Coderre, Chief of Staff, SAMHSA

**Guests:**

- Jane Segebrecht, Health Resources and Service Administration (HRSA)

### **Call to Order**

Ms. Benton called the meeting of SAMHSA's ACWS to order on August 24, 2016, at 9:16 A.M.

### **Welcome, Roll Call, Remarks and Adoption of Minutes**

Ms. Amatetti, on behalf of Ms. Fleming, welcomed participants to the meeting, and ACWS members and SAMHSA staff introduced themselves.

Ms. Amatetti updated Committee members on the day's agenda, SAMHSA personnel changes, major SAMHSA-partner legislation, meetings, and new publications.

Dr. Warshaw discussed her work on the substance abuse treatment systems and how they respond to domestic violence victims, through collaborations on state and local levels. She is also studying coercion and how it is integrated (and negated) in treatment. Dr. Warshaw explained her efforts on a competitive renewal grant, a literature review on trauma-specific treatment for survivors of domestic violence, and her work to identify specific needs for women in treatment. She also mentioned that rural areas of the country in particular are struggling with limited resources to deal with the opioid and meth addictions. She is trying to think of ways to pilot programs for these communities.

Ms. Pai-Espinosa spoke about her work with the National Girl's Initiative Contract and other girls-first systems of justice, which prioritize working with the individual and her family instead of meting out punishment. On the advocacy and policy-side, Ms. Pai-Espinosa is focusing on the defined legal terms of when a woman becomes a woman in the eyes of the law, and what that means in terms of gaps in services from the federal government. She also mentioned the re-launch of her healing and self-empowerment app, which she hopes to get funded to also create a web-based version.

Ms. Nerad said that in her field, working with young adults in recovery, there is a stark lack of quality recovery housing in general and for women in particular. She discussed the different challenges of creating such housing, including the cultural stigma of female-only treatment facilities, and outreach and awareness for appropriate tenants. She stressed the current lack of and the strong importance of female mentors in recovery. Ms. Nerad stated that she is currently working to create a recovery high school for adolescents dealing with substance abuse disorders, and finding safe spaces for adolescents in recovery.

Dr. Lustig discussed the problems he has seen with treatment programs focusing on pregnant women that do not include the entire family, specifically the partner of the person in treatment. Additionally, insurance constraints can leave a woman

with only 7-14 days of funded treatment, leaving both the woman and child in medical danger.

Ms. Mooney spoke of her work as the President of the Women's Service Network of the National Association of State Alcohol and Drug Abuse Directors, and the struggle to keep an emphasis on women's services. She updated the committee on her work this year, which has included increasing awareness of the importance of women's treatment coordinators and facilities in each state.

Ms. Fineday discussed her work with Indian Child Welfare programs and her efforts in shifting the child welfare model to a public health model to better address its root causes of poverty, substance abuse, and domestic violence. She is currently exploring links between Native American women in the criminal justice system and their instances of reported sexual abuse previous to their detention.

- **Adoption of Minutes for the February 24, 2016, Meeting**

Ms. Amatetti made a motion to approve the minutes from the February 24, 2016, meeting. All attendees approved the minutes.

- **Child Welfare and Substance Use Disorders in Families**

Ms. Stedt presented an overview of her work at the Children's Bureau and its collaborations, funding opportunities and possible partnerships, all designed to better protect abused and neglected children. This is accomplished through issuing guidance; funding of essential services; support of innovation, training and technical assistance; and the monitoring of child welfare services.

Ms. Stedt mentioned the progress that has been made since the Adoption and Safe Families Act, which demonstrates the importance of collaborative relationships to enhance children's services nationwide and fill in the gaps. Her agency also plays a critical role in disseminating national data in the field on the patterns of parents' alcohol and drug misuse and its implications for children and families.

Ms. Stedt also discussed the Child Abuse Prevention and Treatment Act that provides states with policy guidance and direction for improving their child protection services, including prenatal drug exposure and improving the likelihood of new mothers obtaining treatment. There have been several complications and concerns however, related to each state's interpretation of the act.

Ms. Stedt said that the Regional Partnership Grants Program funded 53 programs in 2007 and reported a number of positive outcomes, including overall increase in employment, decrease in substance use, and increase in positive family outcomes.

Dr. Lustig mentioned the problem with the current system is that it only mandates that social workers refer their client for treatment but goes no further, which is often ineffective.

- **Recovery-Oriented Systems of Care: What Do They Mean for Women?**

Mr. Hill discussed how SAMHSA integrates its work across disciplines to decipher what recovery means in a larger, complex picture, and what it means specifically to women. This entails looking at mental illness, substance abuse and how they may occur together, and how the systems must be better integrated to provide for successful treatment options.

Mr. Hill spoke of finding a more realistic model of recovery that can be better defined and studied and also steered towards strength-based approaches that are person-focused, promote hope, community inclusion, partnership and collaboration, and are trauma-informed.

SAMHSA's four dimensions of recovery incorporate home, health, purpose and community, each aspect of which has a multi-faceted and community-dependent definition.

Ms. Nerad reiterated her difficulty in finding women's treatment housing, which Mr. Hill suggested may likely result from treatment housing models being built based on men's housing, and not considering women's specific needs.

Ms. Myrick described her time at a new site for transitional living, where she helped to consolidate an exhaustive set of rules into a positive philosophy of living and community values. She also discussed the importance of having mentors that are peers in order for individuals with substance use disorders feel heard and understood.

- **Accountable Health Communities: What Are They, and How Do They Relate to Behavioral Health?**

Ms. Gavin presented on the work being done at the new Center for Medicare and Medicaid Innovation and its Accountable Health Models. The five-year models have three separate tracks that handle patients and payment models differently. The idea is to find a model that best provides for patients social needs that are not currently covered by Medicare or Medicaid.

Ms. Gavin explained that the social needs are broken up into core needs (housing instability, utility needs, food insecurity, interpersonal violence and transportation) and supplemental needs (family/social supports, education, employment and income, health behaviors).

The Center plans to award 44 grants to separate health communities to test each of these models over a five-year period, which will be announced in March 2017.

- **HHS Office on Women's Health: Improving the Health of Women and Girls**

Dr. Lee presented the history of the HHS Office on Women's Health, which was established in 1991, by Senator Barbara McClusky, to take action against breast cancer. Its mission is to work with partners to promote women's health through policy, education and model programs, albeit with a small office of just 35 individuals and 10 regional women's health coordinators.

Priorities of the Office on Women's Health include Affordable Care Act women's health care priorities, health information for women and girls, health disparities, and women's health across the lifespan.

Most recently, said Dr. Lee, the office has been particularly dedicated to stopping violence against women - through its Interpersonal Violence Provider network Program, College Sexual Assault Policy and Prevention Initiative, trauma-informed care training for health care practitioners, and SOAR (Stop. Observe. Ask. Respond.) training to address human trafficking.

Dr. Lee said that currently one in three women experience domestic violence and one in five women in the U.S. experience severe physical violence perpetrated by an intimate partner. This affects current and long-term health, increases rates of substance abuse and depression, and limits healthy activity.

The HHS office is conducting a national meeting on September 29-30, 2016, to foster a national discussion on best practices for prevention and treatment for women using opioids.

Ms. Pai-Espinosa asked how younger women and girls fit into these initiatives. Dr. Lee said they have a website ([girlshealth.gov](http://girlshealth.gov)), and they do work concerning healthy eating, exercise and eating disorder. HHS is currently developing a program around adolescent health and teen pregnancy.

Dr. Lustig asked if they deal with women's health with regard to pregnancy and the family and addiction. Dr. Lee replied, although not directly, that they think of women more broadly, not just with regard to pregnancy.

Dr. Lustig asked if any women's health outcomes had been measured based on residential treatment - which is the most expensive means short-term, but the most beneficial and least expensive over a five-year period. Dr. Lee agreed on its importance in all the social determinants of health.

Ms. Gentile told the attendees about the sexual assault prevention program she ran for the Naval Academy in Annapolis, which has been run for over 10 years and is therefore, much further along in its data and techniques than civilian colleges and universities, and has become a model for sexual assault prevention. She offered to provide Dr. Lee with further information about this program.

- **A Conversation with SAMHSA's Deputy of Operations and Chief of Staff**

