Department of Health and Human Services
Substance Abuse and Mental Health Service Administration
Advisory Committee for Women's Services
May 29, 2019
Rockville, Maryland
Minutes

Committee Members Present:

Kelly Andrzejczyk-Beatty, D.O.
Miriam Delphin-Rittmon, Ph.D.
Sparky Harlan, M.A.
Kathryn Icenhower, Ph.D.
Cortney Lovell
Judge Duane Slone
Carole Warshaw, M.D.

Committee Members Absent:

Dan Lustig, Psy.D.

SAMHSA Leadership:

Anne M. Herron, M.S., Acting Associate Administrator for Women's Services (ACWS), and Director, Office of Intergovernmental and External Affairs (OIEA)
Valerie Kolick, M.A., Designated Federal Official (DFO)

SAMHSA Staff:

Linda White Young (CSAT)
Linda Fulton, Ph.D. (CSAT)
Costella Green, M.H.S. (CSAP)
Justin Larson, M.D., M.P.H., M.H.S (CMHS)
Nelia Nada, M.P.H., (CSAP)

Call to Order

Ms. Kolick, Designated Federal Officer (DFO), called the meeting of SAMHSA's Advisory Committee for Women's Services (ACWS) to order on May 29, 2019 at 9:10 a.m. The Advisory Committee was conducted virtually by webinar.

Welcome, Roll Call & Adoption of Minutes from the August 1, 2018 Meeting

- Ms. Herron welcomed the ACWS Committee members and other participants. The Committee has two new members: Dr. Andrzejczyk-Beatty and Judge Slone.
- The ACWS unanimously approved the minutes from the ACWS meeting on August 1, 2018.
- Ms. Kolick noted that there are three vacant Committee openings, one of which they hope will expand the Committee's tribal representation. She encouraged Committee members to forward any candidate recommendations for these positions to her for consideration.

Updates Related to Prior Discussions

Valerie Kolick, DFO/ACWS

Ms. Kolick shared the following updates from prior discussions:

- **Criminal Justice Women's Re-Entry Guide** - Ms. Kolick informed the Committee that SAMHSA has approved publication of the guide. The Guide is currently being reviewed and both Dr. Lustig and Judge Slone have been involved in this current review. The final draft will be ready within the next 30-45 days and will then be shared with the ACWS Committee members.

- **Issues of Homelessness** - SAMHSA has been working on programs that relate to homelessness and some of these advances will be shared during the next ACWS meeting.

- **American Indian/Alaska Native (Al/AN) Women** - Dr. Andrzejczyk -Beatty has extensive background with the AI/AN community. Ms. Kolick added that SAMHSA seeks to add additional AI/AN representation to the ACWS.

SAMHSA's Pregnant and Post-Partum Women (PPW) Data and Portfolio
Presenters: Valerie Kolick, DFOIACWS; Linda White Young (CSAT); Linda Fulton (CSAT); Costella Green (CSAP)

Ms. Kolick provided a review of data findings particular to pregnant and post-partum women (PPW). Specifically, data shows that:

- 15 to 20% of pregnant women have been diagnosed with depression. It is estimated that half of PPW who have depression remain undiagnosed and/or untreated.

- Pregnant women die more from maternal suicides than hemorrhage and hypertension disorders.

- Women who are uninsured, and of ethnic minority are at higher risk for non-treatment and missed diagnosis.

- Other mental health illnesses such as anxiety, depression and bipolar disorder also provide maternal risk. For example, pregnancy causes an increased risk for a bipolar episode.

Ms. Kolick also focused on substance use in PPW noting that 20% of infants are exposed to at least one substance. While tobacco and alcohol remain the most commonly used substances for the PPW population, other substances (e.g., marijuana, opioids, etc.) have an increased prevalence. For example, marijuana use[1] has nearly doubled between 2015 and 2017. She stressed that because PPW encounter numerous health and care-giving professionals, there is an untapped opportunity to educate these providers about the symptoms, risks and available interventions/treatments related to behavioral health issues.

Ms. White-Young and Ms. Green then provided an overview of several SAMHSA programs including a residential treatment and recovery grant, as well as a state pilot program. HRSA and the Office of Women's Health also fund programs serving PPW populations. In funding PPW programs, SAMHSA recognizes the importance of the following attributes:

- **Have a Family-Centered Focus** - Data has shown the importance of fathers in supporting the mother and child, so supporting the entire family unit is essential.

[1] From the National Household Survey on Drug Abuse.

- **Address Transportation and Housing Barriers** - There have been several creative efforts to address these barriers. For example, Georgia has been implementing a system of care program using mobile units for service delivery.

- **Incorporate SBIRT** - SBIRT is becoming standardized through SAMHSA programming and has been instrumental not just for screening but also as part of the treatment protocol.

- **Strengthen System of Care Models** - In order to provide services to the entire family unit and across the continuum of care (e.g., treatment, recovery, etc.), it is important to address workforce development issues, train staff at all levels, and have an integrated network of services.

- **Provide Priority Preferences and Reduce Wait Time** - PPW populations and particularly those that use injectable drugs receive priority admissions. This means that providers need to provide or connect these patients to services within 48 hours.

- **Include Wraparound Services** - In addition to treatment, childcare, transportation, dental services, child health needs and other wraparound services should be provided.

Following the presentation, the following topics were discussed in response to ACWS member questions:

- **Programing for Children** - For SAMHSA programs, there is a comprehensive list of required services for children (under age 17) that range from physical education to development services.

- **Domestic Violence Victims** - Most SAMHSA programs incorporate a trauma component and most providers collaborate with domestic violence support entities. It's also a goal to decrease the exposure of violence and trauma.

- **Block Grant Insurance Eligibility** - Women who are victims of domestic violence may face issues related to accessing insurance from their abusive partner. Some states offer a waiver through the block grant. This option, however, is at the discretion of the state.

- **Outpatient Services** - While ten percent of funds in the State Pilot Grant Program for Treatment for Pregnant and Postpartum Women can be used for residential treatment, funding is focused primarily on providing treatment through an outpatient setting.

- **1115 Waiver Limitations for Case Management** - Dr.· Icenhower noted that California only reimburses for one hour per month for child case management. This is inadequate. SAMSHA staff noted that this is at the discretion of the State, so conversations are needed with those entities and perhaps with CMS.

[Upcoming Publication] Preventing the Use of Marijuana: Focus on Women and Pregnancy and SAMHSA Partnerships and Meetings
Nelia Nadal, CSAP

Ms. Nadal shared that SAMHSA, through its Policy Lab, has developed Evidence-Based Practice (EBP) Guides that are designed to provide service providers with practical guidance and an overview of

existing EBPs. There are currently six guides developed. SAMHSA is working on a guide focused on prevention of marijuana use by the PPW population.

Understanding the Developmental Impacts of Opioid Exposure on Infants and Young Children
Justine Larson, CMHS

Dr. Larson noted that the developmental impact of opioid exposure on infants and young children is a concern of the Assistant Secretary for Mental Health and Substance Abuse, Dr. Elinore McCance-Katz. SAMHSA convened an expert panel focused on the issues and a summary of their review will be shared in an upcoming article in *Pediatrics.* Dr. Larson shared the following findings:

- **Multiple Perinatal Exposures** - Many pregnant women who use opioids also use other substances or have other negative exposures that can impact the baby (e.g., poor nutrition, depression, etc.).

- **Foster Care Placement** - There is a high correlation between maternal opioid use and children being placed in foster care. Placement is significantly high within the first year of birth.

- **Cognitive Differences** - Children with prenatal exposure to opioids have lower cognitive performance levels. These gaps increase as the child gets older. They also have higher incidences of mental illness. She cautioned that this "observational" data.

- **Programs and Collaboration** - Dr. Larson noted that there are promising interventions that reduce impact and risk, including home visits; early intervention and screening; and treatment on demand. Dr. Larson provided a brief overview of SAMHSA resources. She also mentioned that the Center for Medicaid and Medicare services (CMS) has a pilot project called Maternal Opioid Medication Support (MOMS), which is exploring alternative payment models to enable coverage for wraparound and ancillary services.

ACWS Members Overview of PPW Portfolios and Data
Presenters: ACWS Committee Members

ACWS Committee members were then given an opportunity to share updates on the particular work related to the PPW Population.

Duane Slone

Judge Slone is based in Appalachia, a community that has been disproportionally impacted by the opioid epidemic, as well as other substance use issues. He has adopted a baby with neonatal abstinence syndrome (NAS), so the issue has a personal impact for him. He noted the main barrier to treatment is the lack of safe healthy places for women in recovery to live.

In 2014, the courts opened the Recovery Cabin which has since served over 70 women with 19 healthy baby births. Services at the Cabin include transportation, prevention, treatment, and harm reduction services. There is a voluntary contraceptive initiative which has resulted in a drop of NAS births. He noted that the operational cost of the Cabin is less expensive than overall NAS hospital stays.

Judge Slone began a program in 2013 as a result of his concern about women being treated with OUD medication only without incorporating other treatment services (e.g., cognitive behavioral therapy). His program includes the three components of the most successful recovery programs are (1) accurate assessment, (2) frequent accountability, and (3) leverage. His program has also found promising results with titrating MAT. The Governor is working to expand the program across Tennessee.

Judge Slone partnered with the East Region of the Tennessee Department of Health to launch a program that educates about in utero substance exposure and voluntary long acting contraception as well as removing barriers to services. The pilot program was credited by the CDC as a bright spot for NAS reduction. The program now includes harm reduction components and is in approximately ½ of Tennessee Jails.

Ms. Harlan noted that while the voluntary contraceptive program can be controversial, she has also found a program that used this approach successfully.

Miriam Delphin-Rittmon

Dr. Delphin-Rittmon provided a brief overview of Connecticut's residential and outpatient services. Connecticut also operates the Women's Recovery, Engagement, Access, Coaching & Healing (REACH) Program which provides women in recovery as navigators. Some of the other programs her agency provides include: CT Keeping Infants Drug-Free; CT Women and Opioids Workgroup; Two Generation Interventions; and Natal Abstinence Syndrome Comprehensive Education and Needs Training (NASCENT).

Carole Warshaw

Dr. Warshaw has been working with SAMHSA's Office of the Assistant Secretary to elevate the issue of substance use coercion and specifically integrating it into behavioral health programs. She has been looking at developing a scale that can be used in different settings. There is a pilot study developed with the University of Pittsburgh and initially piloted in communities in Colorado.

Kathryn Icenhower

Dr. Icenhower heads the SHIELDS program which has been around since the crack epidemic. She said the same approaches seem warranted today. These include family-centered treatment; integration of wraparound services; and collaboration across agencies.

Mental Health and Substance Use Challenges, Strategies and Recommendations for Pregnant, PostPartum, and Parenting Women
Facilitators: Anne Herron, AAWSIACWS; Valerie Kolick, DFOIACWS

Ms. Kolick asked the Committee members to share the issues that most resonate for them related to improving services for the PPW population. Responses include:

- Connect and engage PPW to services and support.
- Have a focus on family first models and wraparound services.

- Educate the public and providers on marijuana usage for PPW. There is a perception regarding its medicinal purposes.
- Ease housing requirements to address housing for families with multiple children (e.g., HUD restrictions). This is an intergenerational concern as 20% of homeless youth come immediately from a homeless family unable to support them. There is also a stigma against families with multiple children.
- Direct Family First funding towards prevention rather than into judicial services.
- Provide more flexibility. For example, there is difficulty in transitioning from residential treatment to HUD housing (e.g., not homeless). EBP is good but may deter innovation and provide less flexibility and ability to collaborate.
- Provide housing, transportation, respite care for children. Also bringing services directly into the home.
- Address inadequate reimbursement rates and sustainability issues.
- Bring comprehensive wraparound services to scale.
- Expand flexibility in the use of telehealth for MAT and domestic violence services.
- Address the fact that there is a PPW set-aside for the Substance Abuse Block Grant, but not the Mental Health Block Grant.
- Build stronger partnerships with domestic violence programs. Providers should better understand the role of gender-violence in substance use initiation and usage.
- Tackle specific barriers for rural communities, especially with funding going to centralized services in other areas. Transportation issues are a major concern in rural communities.
- Address the root causes for substance use, especially since individuals may be migrating into different drug usage (e.g., methamphetamine, fentanyl analogs, etc.).
- Leverage innovative modules such as Tennessee's Creative Housing Initiatives to promote available housing.
- Increase public awareness of the services that are available. Also better understand the reasons why the public may be resistant towards accessing them.
- Educate MAT prescribers who may have no behavioral background and thus do not provide therapy. Also, in some areas, the public needs to be educated about the benefits of MAT.
- Streamline the transition of care so patients are not put on long wait lists (e.g., a three-month wait for community-based service).
- Respond to workforce challenges. For example, in the Choctaw Nation, the recovery center does not have a staff psychiatrist.

- Mitigate the genuine fear of PPW that getting engaged in treatment will mean they may lose custody of their child. It was noted that in New Jersey, uninsured PPW couldn't get coverage for treatment until Child Services were involved.

Education/Information regarding Marijuana

Ms. Herron asked for ACWS Committee members to share any approaches that may be successful in addressing the increased use and acceptance of marijuana. Responses included:

- Educate all aspects of the judicial system on addiction as they interact with this community and have leverage in terms of promoting services. Judges (family and drug court) should be working collaboratively. The National Judicial Opioid Task Force already is working to educate judicial leaders in every state on issues such as the basics of addiction, ACES, and treatment modalities. Ms. Herron suggested it would be good to connect JOTF with the Single State Agency Directors through NASADAD.

- Engage and screen women· early (pre- or early pregnancy) and then link them into programs (e.g., home visits, Healthy Start programs, etc.)

- Work with recovery navigator (peers) who can share their own stories and services they have used.

- Seed innovative ideas in the community. States may have more flexibility to do this.

- Resist trends to narrow services merely to a medical model approach. California and Florida are examples of States who have moved back to a medical model which finds linkages to services rather than providing wraparound services and case management services. This may be related to the overdose crisis and the immediate need for treatment systems to deal with the acute crisis as a primary concern. However, it counters what research shows related to recovery.

- Have a mechanism for sharing across States innovative programs and practices. Perhaps this can include guidance highlighting the services needed as well as the factors that drive addiction (e.g., Social Determinants of Health).

- Provide more balance in resources. The opioid epidemic has co-opted the focus, messaging and resources and there should be more balance on mental health promotion, co-occurring disorders, and wellness.

Ms. Kolick stated that SAMHSA will review the list generated today and compare it with the programs that already exist in SAMHSA to explore how to move some of the recommendations and suggestions forward. For example, two SAMHSA centers are currently doing work on housing for PPW and may not be aware of the particular issue with larger families.

Next Meeting

The next ACWS meeting will either be on August 20 or August 21, 2019 in Rockville, Maryland. An agenda item for this meeting will include information on how States and Tribes are spending their opioid response funds.

Public Comment

Time was set aside for public comment, but no one chose to speak.

Closing Remarks/Adjourn

Ms. Herron thanked everyone for their participation. She adjourned the meeting at 2: 16 p.m.

Certification

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

Date: 06/14/19

Anne Herron

Anne Herron
Acting Associate Administrator for Women's Services,
SAMHSA

Minutes will be considered formally by SAMHSA's Advisory Committee for Women's Services at its next meeting, and any corrections or notations will be incorporated into the minutes of that meeting.