Department of Health and Human Services
Substance Abuse and Mental Health Service Administration
Advisory Committee for Women's Services
Maternal Task Force Meeting
August 26, 2024
Rockville, Maryland
Minutes

SAMHSA Leadership:
Miriam Delphin Rittmon, PhD., Assistant Secretary for Mental Health and Substance Use
Tom Coderre, Principal Deputy Assistant Secretary
Valerie Kolick, M.A., Designated Federal Official (DFO)
Nima Sheth, M.D., M.P.H., Assistant Administrator for Women's Services/Senior Medical Advisor

Committee Members Present:
Tanisha L. Frederick
Octavia Harris
Le Ondra Clark Harvey, Ph.D
Kathryn Icenhower, Ph.D.
Lavita Nadkarni, Ph.D.
Joanne Nicholson, Ph.D

Committee Members Absent:
Kelly Andrzejczyk-Beatty, D.O.

SAMHSA Staff:
Karen Gentile, LCSW, J.D.
Madonna Green, LICSW
Tovah Kasdin, J.D.
Amy Smith, M.A.
Shalini Wickramatilake, M.H.S.

Guests:
Cyntrice Bellamy, Psy.D.
James Bray
Neala Campbell
Kari Earle
Dorothy Fink, M.D.
Caitlin Flanagan
Laila Handoo
Isabella Izquierdo
Nancy Kelly
Kendra Lorentz
Shelly Nolan
Christine Peat
Rebecca Petersen
Nadine Scamp
Victoria Swiler

Call to Order

Valerie Kolick, Designated Federal Officer (DFO), called the meeting of SAMHSA's Advisory Committee for Women's Services (ACWS) Maternal Task Force Meeting to order at 9:17 a.m. on August 26, 2024. The meeting was conducted as a hybrid. There was a quorum of members.

Welcome, Minutes and Tribute to Judge Sloane

Nima Sheth, Associate Administrator for Women's Services welcomed ACWS members and guests. ACWS members then approved the April 2024 minutes.

Dr. Sheth then shared that ACWS member, Judge Duane Sloane, passed away over the weekend. She shared an NBC news feature about him and his work and noted that he leaves behind three adopted children, including one with a substance use disorder (SUD). ACWS members had a moment of silence in remembrance of him.

Update on the Task Force for Maternal Mental Health
Dorothy Fink, M.D. and Madonna Green, LICSW

Dorothy Fink noted that over 20 Federal agencies and 40 non-Federal entities have been involved in the Task Force for Maternal Mental Health. She then provided an overview of the five priorities.

As follow-up, SAMHSA has been aligning the Task Force priorities with other maternal health initiative which include the following:

- Incorporating products into the Talking Postpartum Depression Campaign.
- Piloting projects regionally.
- Connecting with the HHS postpartum collaborative. Three of the six States (Iowa, Minnesota and New Mexico) are focused on SUD conditions.

Madonna Green then highlighted the key points of the Report to Congress. In terms of future steps, the Task Force has an implementation plan that is being monitored; will continue to generate updates; and are working on a report to State Governors.

Questions and Comments

Following are questions/comments from ACWS members:

- **State Buy-In –** Information is currently not available regarding regional differences in terms of adopting the Task Force report. However, SAMHSA is engaging the National Governors Association in this work.
- **Judges –** Ms. Kolick suggested that Judges and court officials be recruited in this work. Tanisha Frederick and Joanne Nicholson have contacts to recommend.
- **Child Welfare –** Kathryn Icenhower noted that the Task Force has a clinical focus. Other stakeholders might also include child welfare and home visitation staff.
- **CMS Learning Collaborative –** Dr. Sheth noted that the Centers for Medicaid and Medicare (CMS) has a State learning collaborative focused on maternal health and SUD.
- **Academia –** Dr. Nicholson recommended partnering with universities to improve training for all clinical professions. Clinical associations like the APA may also be influential partners. She added that academia can help translate strategies into practice.
- **Policy Academy –** It was noted that a policy academy might also help with dissemination across States.
- **Feedback on Strategy –** There has been feedback that the Report to Congress is too long. One option that might improve that is to post it on the SAMHSA website in modules so the document is easier to navigate.

- **Two New Programs –** Dr. Sheth gave an overview of the following two programs: the Women's Behavioral Health Technical Assistance Center and a Community-Based Maternal Behavioral Health Services Program. She noted that, for the latter grant, peers are a core requirement.

- **Tween and Teen Girls –** In response to Ms. Frederick's inquiry, Ms. Kolick noted that this can be added to the next ACWS agenda. A particular focus might include those who are in the juvenile justice system.

Pregnant & Parenting Women (PPW) Grantees Spotlight

Amy Smith explained that SAMHSA has two programs for pregnant and parenting women (PPW): a residential program for nonprofits and a pilot program for States. The grantees spotlighted represent the two different grantee programs.

Santa Maria Hostel MIRRORS PPW Program
Nadine Scamp, Kendra Lorentz, LPC-A, LCDC and James Bray, Ph.D.

Santa Maria was established in the 1950s to support the PPW population. The MIRRORS program began in 2014 and allowed the program to expand to provide a full continuum of services. This past year, MIRRORS served 10K women including 1,200 in residential programs. They have a large Hispanic client population so provide services in both English and Spanish. Over half of the women in the program have previously experienced homelessness.

MIRRORS has a "barrier buster fund" which is flexible funding that can be used to address social driver needs that may not be allowable costs under grant and other funding programs.

Kendra Lorentz noted that also provide family and child services (e.g., childcare, child development support, play therapy). In addiction to clinical staff, they have women, child and family counselors as well as male engagement coaches.

James Bray is involved in the evaluation of the program and shared that MIRRORS has significantly improved the recovery capital of the families engaged in the program. His evaluation team is currently working on a follow up publication.

Questions and Comments

Following are questions/comments from ACWS members:

- **Sustainability –** Nadine Scamp noted that Texas recently extended Medicaid for postpartum women.. They also receive money from the State and United Way. In addition, many peer support specialists are also community health workers so they can bill. There is also a pilot project looking at value-based payment approaches for peers.
- **Peer Ratio and Qualifications –** The peer to participant ratio ranges from 1 to 20 or 1 to 30 depending on the intensity of the cases. Peers receive a number of recovery-based trainings including motivational interviewing, outreach approaches and ethnics. The program has received additional funding to support additional training on evidence-based practices.

- **Collaboration with Academic Institutions –** MIRRORS works with interns from the University of Houston and Baylor College. This helps expand their services and also provides a pipeline for employment. They also work with the Addiction Transfer Center based in Austin Texas.

State of Connecticut PROUD PPW-PLT Program
Shelly Nolan, LPC and Rebecca Petersen

Connecticut's Parents Recovering from Opioid Use Disorders (PROUD) program serves pregnant and postpartum women with substance use disorders and/or co-occurring disorders by providing holistic, trauma-informed and gender sensitive services as these women navigate their recovery journey. They also are involved in anti-stigma work and reproductive health efforts.

The program collaborates with a number of sister agencies and non-profits including the Connecticut Hospital Association and United Way.

Rebecca Petersen emphasized that PROUD recognizes that recovery journeys are unique and not linear, so they aim to provide flexibility and self-driven plans for women and families. There are currently three PROUD sites in Connecticut.

The National Center of Excellence for Eating Disorders (NCEED)
Shalini Wickramatilake, MHS, Senior Advisor in the Office of the Assistant Secretary, SAMHSA; Christine Peat, Ph.D., FAED, LP, Director, NCEED

Shalini Wickramatilake noted that nine percent of Americans will develop an eating disorder. She then shared the following about eating disorders:

- It is a mental health condition with physical health consequences.
- It is one of the most fatal psychiatric illnesses.
- Contrary to stereotypes, eating disorders impact all races, genders and body sizes.
- Providers generally don't understand the disorder. Minority populations are less likely to be screened, diagnosed and referred to services
- The average age of onset is 18 years old.

She then explained the different types of eating disorders.

SAMHSA's National Center of Excellence for Eating (NCEED) is focused on treatment provider. It also aims to modernize the language and resources around eating disorders to reduce stigma and be more inclusive. Ms. Wickramatilake shared that SAMHSA also recently convened a Summit on eating disorders and had launched a national survey.

Dr. Peat, who directs the NCEED, noted that the economic costs for untreated eating disorders is high and that rates increased during the pandemic. The funding for the NCEED was provided through the Anna Westin Act and its purpose is to educate health care providers on addressing eating disorders and raise public awareness. They have trained over 30K professionals and developed a free SBIRT primary care screening tool for eating disorders. They also have developed conversation snippets, infographics and toolkits. In terms of next steps, they are planning to develop an SBIRT adaptation for schools and convene a learning collaborative.

Questions and Comments

Following are questions/comments from ACWS members:

- **Military and Veteran Populations –** Octavia Harris noted that this community has stressors and also are pressured to maintain their weight. Ms. Wickramatilake noted that NCEED is beginning to reach out to other Federal entities (e.g., HRSA). Dr. Peat noted that they have already done a few trainings with the Veterans Administration.
- **Eating Disorder During Pregnancy –** Ms**.** Wickramatilake acknowledged the higher risks of this population and that there are research articles focused on hormonal shifts and eating disorders.
- **SBIRT for ObGyns –** It was noted that SBIRT can be used for a variety of professions, even by non-clinical professionals.
- **Training –** Dr. Icenhower recommended that those in SUD recovery are at heightened risk for developing an eating disorder. So, clinicians need to be educated to build awareness and better understand approaches.
- **Story-Telling –** Le Ondra Clark Harvey stated that personal stories are compelling. However, it is important to have diversity in representation (including males with eating disorders).
- **Other Partners –** ACWS members recommended partnering with parents, dieticians and university athletic professionals.

Updates with the Assistant Secretary for Mental Health and Substance Use
Miriam Delphin-Rittmon, PhD; Assistant Secretary for Mental Health Substance Use

Assistant Secretary Delphin-Rittmon expressed her appreciation of the ACWS for their role in the Task for Maternal Mental Health as well as condolences for the passing of Judge Sloane. She then shared the following updates related to SAMHSA's overall activities:

- **Naloxone Saturation Policy Academies –** Twenty-six States along with DC and Puerto Rico have participated in the policy academies with the aims to provide broader access to naloxone. As a follow up, there are bi-monthly learning collaboratives, individual technical assistance and some programmatic funding.
- **Center for Substance Use Prevention (CSAP) –** CSAP convened a prevention policy academy and has developed a digital toolkit to educate prevention professionals on social drivers of health. There is also a new coordinating center for SAMHSA's Prevention Technology Transfer Center (PTTC) network.
- **Youth Summit –** In late August, SAMHSA will convene youth across the nation. The youth designed the agenda and it will allow SAMHSA to learn about behavioral health from the perspective of youth leaders.
- **988 Crisis Line –** It is the two-year anniversary of the 988 launch and they have had over 10 million calls/text/chats. SAMHSA is currently working on georouting efforts so that callers will be routed to the closest call line with access to local services (e.g., rather than the center that matches their phone's area code).
- **Suicide-Related Efforts –** The Federal government recently released the National Strategy for Suicide Prevention which includes 200 actionable items for Federal entities. SAMHSA has also held two State policy academies related to black youth suicide prevention as well as for older adult suicide prevention.
- **Certified Community Behavioral Health Centers (CCBHCs) –** There are over 500 CCBHCs and SAMHSA has issued a notice of funding for 15 additional planning grants in 2025.

Medicaid covers these services which helps with the sustainability of the centers. The data has shown positive metrics in terms of increased social connectedness and reduced hospitalizations and emergency department visits.

- **Online Health and Safety Report –** In collaboration with the Department of Commerce, SAMSHA released this report which identifies methods to keep minors safe and well while using online platforms. The Task Force has been led in partnership by the Department of Health and Human Services (HHS)**.**
- **National Survey on Drug Use and Health (NSDUH) –**The 2023 report was released last month.
- **Language Access Plan –** This plan provides guidance on best practices for serving persons with Non-English language preference.
- **Recovery Support –** The Office of Recovery is in their second year. They have had several convenings on topics such as harm reduction, recovery housing and recovery-friendly workplaces.

Questions and Comments

Following are questions/comments from ACWS members:

- **Teens and Tween Girls –** Ms. Harris suggested that SAMHSA explore services for teen and tween girls. Dr. Sheth noted that there is SAMHSA wide working group, so she can bring it up. It was also suggested that there be a policy academy on this topic. Other ACWS members recommended that there be subgroups included such as teen moms and/or teens with parents who have an SUD.
- **NSDUH Data Visualization –** Dr. Nicholson suggested that SAMHSA develop brief factsheets and data visualizations for the survey.

Gender Based Violence Updates and the Technical Expert Panel

Tovah Kasdin, J.D., Gender Based Violence Lead, OTAC, CMHS, SAMHSA

In 2023, the White House released the National Plan to End Gender-Based Violence (GBV). Several Federal groups including SAMHSA were involved in and plans are now focused on implementation. Specific follow-up activities that SAMHSA staff have been engaged in include:

- **Convening a workgroup** with representatives across SAMHSA that meet biweekly to focus on integrating GBV efforts into grants, contracts, technical assistance center and written products.
- **Cataloguing current SAMHSA programs** and resources related to GBV to help identify gaps.
- **Holding a Technical Expert Panel** which included clinicians, recovery support professionals and survivors of gender-based violence.
- **Publishing the Kids Online Safety report** referenced by the Assistant Secretary earlier. The report includes a focus on GBV teen dating and predatory behaviors.
- **Presenting at several forums** including an international conference on violence against men and a national conference on domestic violence**.**
- **Engaging in interagency collaborations** such as HHS' Human Trafficking Services Committee; workgroups focused on sexual violence against individuals with disabilities and

date violence; and the Not Invisible Act Commission to combat the epidemic of missing and murdered American Indian and Alaska Native people.

Ms. Kasdin noted that SAMHSA is also exploring the issue of traumatic brain injury/disability for those who are victims of gender-based violence.

Questions and Comments

Lavita Nadkarni asked about support to the immigrant community who are vulnerable to human trafficking and GBV. Karen Gentile shared that SAMHSA has partnered with resettlement and other service agencies for this community.

Public Comment

There were no public comments.

Closing Remarks/Adjourn

Ms. Kolick and Dr. Sheth thanked everyone for their participation. Dr. Sheth adjourned the meeting at 3:35 p.m.

Certification

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

/09/26/2024
Date

/Nima Sheth/
Nima Sheth, M.D., M.P.H.
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.