

**U.S. Department of Health and Human Services
Substance Abuse and Mental Health Service Administration (SAMHSA)
Advisory Committee for Women's Services (ACWS)
Meeting Minutes
SAMHSA's Advisory Committee for Women's Services**

February 1, 2017

**SAMHSA Headquarters
Rockville, Maryland**

Committee Members Present:

Shelly F. Greenfield, M.D., M.P.H.
Sparky Harlan, M.S.
Hendree Jones, Ph.D.
Dan Lustig, Psy.D.
Sarah Nerad
Jeannette Pai-Espinosa, M.Ed. (via telephone)
Carole Warshaw, M.D.

Council Members Absent:

Anita Fineday, J.D., M.P.A.
Karen Mooney, M.S.W., LCSW
Brenda V. Smith, J.D.

SAMHSA Leadership:

Kana Enomoto, M.A., Acting Deputy Assistant Secretary, SAMHSA
Mary Fleming, M.A., Associate Administrator for Women's Services, SAMHSA (via telephone)
Sharon Amatetti, M.P.H., Women's Issues Coordinator, SAMHSA
Nadine Benton, M.B.A., Acting Designated Federal Official, Advisory Committee for Women's Services, SAMHSA

Presenters:

Cora Lee Wetherington, Research Coordinator, Ph.D., National Institute of Drug Abuse
Deidra Roach, M.D., Medical Project Officer for the National Institute on Alcohol Abuse and Alcoholism
Tamara Lewis Johnson, MPH, MBA, Chief, Women's Mental Health Research Program, Office for Research on Disparities and Global Mental Health, National Institute of Mental Health
Brian Altman, J.D., Acting Director, Office of Legislative Affairs, SAMHSA
Tenly Pau Biggs, M.S.W., Center for Mental Health Services, SAMHSA
Jinhee Lee, PharmD., Office of Policy, Planning and Innovation, SAMHSA
Alex Ross, Sc.D., Office of Planning, Analysis and Evaluation, HRSA

Call to Order

Ms. Nadine Benton called the meeting of SAMHSA's Advisory Committee for Women's Services to order on February 1, 2017, at 9:02 a.m. (EST).

Welcome, Remarks and Adoption of Minutes from the August 26, 2016 Meeting

- Members approved the minutes of the SAMHSA Advisory Committee for Women's Services meeting of August 26, 2016.
- Ms. Sharon Amatetti welcomed participants to the meeting, including new ACWS member Ms. Sparky Harlan. Ms. Amatetti acknowledged that Ms. Mary Fleming and Ms. Jeannette Pai-Espinosa attended via telephone. She also updated the attendees about departed members: The terms for Karen Mooney and Rosalind Wiseman have expired and they are no longer on the committee and this meeting marked the end of the term for Ms. Sarah Nerad. .

Review of Relevant Activity since Previous Meeting

- Ms. Amatetti shared with ACWS members information on SAMHSA's activities in the last six months including:
 - Key statistics on the opioid epidemic presented at a meeting held in September include: From 1999 to 2010, opioid use increased by more than 400% among women; from 2002 to 2013, heroin use increased by 100% among women, compared to 50% among men.
 - An informative white paper, "Opioid Use, Misuse and Overdose in Women", which was published in December, describes promising practices concerning women's health. This paper is accessible at <https://www.womenshealth.gov/files/documents/white-paper-opioid-508.pdf>.
 - The Office of Women's Health has announced a grant program for projects addressing the prevention of opioid misuse in women. The program will grant up to 12 awards for \$50,000 each. Applications are due April 7, 2017.
- Dr. Hendree Jones introduced herself and said she is most passionate about services for pregnant women. She reported that she has trained professionals, including 35 in South America, on how to treat women and children with substance use disorders. These trainings have included four courses on trauma, recovery management, and putting an added emphasis on treatment programs for women in the Department of State. Dr. Jones is participating in a Policy Academy hosted by the National Center on Substance Abuse and Child Welfare. The Policy Academy focuses on improving outcomes for pregnant and post-partum women. It will include 10 state teams and five mentor states to address the issues. They will be working in collaboration over a sustained period to develop strategic plans.

- SAMHSA will sponsor five upcoming webinars related to women, motherhood, interpersonal relationships, recovery, and intimate partner violence, under the tag “Relationships Matter.”
- Ms. Mary Fleming introduced herself via telephone.
- Dr. Carole Warshaw described her work with SAMHSA and ACYF concerning domestic violence response and trauma-informed care. She wrote a paper about trauma-specific approaches in responding to domestic violence. Dr. Warshaw said she would like more treatment programs to incorporate the impact of coercion and its negative effects on substance abuse. She is focused on looking at the issue from an approach of cumulative trauma and engaging with cultural-specific approaches that have been left out of mainstream healthcare. Dr. Warshaw said she is excited about the work she is doing with Dr. Shelly Greenfield and other partners within the larger health care institutions. She is also working to develop means of measurement for outcomes for survivors of domestic violence.
- Ms. Sarah Nerad reported on her current projects, which include the launch of a recovery high school in Ohio.
- Dr. Shelly Greenfield reported on her work, which includes the publication of a Women’s Recovery Group Manual, and training physicians on how to treat patients with opioid disorders using a qualitative approach. Dr. Greenfield is the first chief of the Division of Women’s Mental Health at McLean, which has several programs that serve women and girls with a variety of psychological disorders. The programs are working together to create a toolkit that pools relevant information from each specialty.
- Dr. Dan Lustig reported on the Center’s Pregnant and Postpartum Women (PPW) program and its future, particularly with regard to the changing health insurance landscape. He is focused on creating means of sustainability for the Haymarket Center’s programs through different federal grants.
- Ms. Sparky Harlan gave some background on her work in the public health area, which has included research on juvenile prostitution, truancy, and means of de-institutionalizing status offenders. Ms. Harlan reported that her current focus is to end youth and family homelessness by 2020, which includes getting an accurate count of the current homeless youth population in the area of Silicon Valley, CA. When couch-surfing and doubled- and tripled-up living spaces are considered, 40 percent of the local population could be considered homeless.

NIH Women and Girls Research Agendas

Presenters: Dr. Cora Lee Wetherington, Dr. Deidra Roach and Ms. Tamara Lewis Johnson

Discussant: Sharon Amatetti

- Dr. Cora Lee Wetherington, representing the National Institute on Drug Abuse, presented her report, “Sex as a Biological Variable in Addiction Research: What it Means for Women (and Men).” SABV has become policy at the NIH for all studies and is now factored into research design, analysis and reporting. Dr. Wetherington presented the evidence for its importance in being integrated as standard procedure. The NIH expects that SABV will be factored into research designs, analyses, and reporting in vertebrate animal and human studies. Dr. Wetherington said that in grant progress reports and publications, grantees must present sex-disaggregated data and report whether or not sex differences are detected. Part of the impetus for SABV implementation right now is President Obama’s State of the Union Address in 2015, which prioritized Precision Medicine. Dr. Wetherington said that SABV is the human species’ most fundamental genetic difference and has to be seen as part of implementing the precision medicine initiative. She also mentioned that there will be funding opportunity announcements that prioritize the use of SABV in NIH’s grants. In particular, Dr. Wetherington said that SABV matters for studies of drug addiction so as to avoid conclusion errors. She provided examples of different studies: When SABV was included in research, individuals of different genders were often found to have very different outcomes including studies on cannabis, opioids, alcohol effects, withdrawal, dependence, and mortality.

- Dr. Deidra Roach, representing the National Institute on Alcohol Abuse and Alcoholism, presented her report, “Women and Alcohol.” She presented research on trends in the epidemiological study on drinking among women that concluded that important gaps remain in knowledge regarding women with problem drinking. Future areas of emphasis include: longitudinal studies from adolescence to adulthood, contextual factors influencing drinking trajectories, best practices in prevention, effective treatments, and improving access. Her presentation was divided into five parts:
 - Epidemiology of Drinking among Women: Approximately 13.9 percent of the population reach criterion for alcohol use disorder, prevalence in women is less than men (10.4 percent in past year, 22.7 percent in lifetime). Of most concern is the 30 percent increase in binge drinking in women of 18 and 23 years from 1979 to 2006. Factors that have contributed to the increase include more choice, changing cultural norms, targeted advertising, increased availability and stress.
 - Genetics and Neurobiology of Addiction: The genetics of alcoholism have been located, and are both alcohol-specific and non-specific to alcohol (shared with mental disorders, personality traits and other endophenotypes). Sex differences have been studied in the brain effects of alcohol, of which there are several implications involving vasopressin changes and stress response. Key programs studying the neurobiology of adolescent drinking include: NADIA (Neurobiology of Adolescent Drinking in Adulthood) and NCANDA (National Consortium on Alcohol and Neurodevelopment in Adolescence).
 - Screening, Brief Intervention and Referral to Treatment: At present there is

insufficient evidence to recommend interventions to prevent or reduce alcohol misuse by adolescents in primary care settings. Dr. Roach reviewed several studies, including ADVISE (Alcohol Drinking as a Vital Sign) by NIAAA, which found that women were less likely to be screened for alcohol use disorders, brief interventions were often not done enough, and women at risk for dependence are reluctant to go to specialty treatment.

- Suggested continuums of care for women and girls (via NIAAA, NIDA and ORWH): In her presentation, Dr. Roach recommend adoption and implementation research to improve several areas. These include, women’s access to prevention and treatment services; the range and quality of women and family-focused treatment options; coordination of care for women and their families across components of integrated health systems; retention in care; and the range and quality of community-based recovery support services available to women and families.
- Co-occurring Medical and Mental Health Disorders. This topic described studies that have reviewed different co-occurring disorders, traumas, and diseases including depression, sexual trauma, HIV, college sexual assault and trauma, and homelessness.
- Ms. Tamara Lewis Johnson of NIMH presented her report on “Women’s Mental Health across the Lifespan.” She introduced the latest research concerning women’s mental health across the lifespan. The work aims to define the biological basis of complex behaviors, determine how mental illness changes with age, create better preventive and therapeutic interventions, and foster educational outreach efforts for preventative treatment. The strategic objectives are to:
 - Define the biological basis of complex behaviors
 - Chart mental illness trajectories to determine when, where and how to intervene
 - Develop better preventative and therapeutic interventions
 - Strengthen the public health impact of NIMH-support research
- Ms. Johnson reported on additional topics including Recovery After an Initial Schizophrenia Episode (RAISE), the basics of women’s mental health epidemiology, perinatal depression, the correlation between preadolescent adversity and future maternal stress response and global intervention for maternal depression. She explained the many facets of the NIMH Women’s Mental Health Research Program and its work focusing on mental health research for women and girls (including women and girls of color, lesbian and transgender women and girls, women and aging, immigrant women and girls, and women in the military). NIMH has also captained several outreach efforts including a partnership with the Eunice Kennedy Shriver National Institute for Child Health and Human Development to raise awareness about mental health conditions affecting women such as postpartum depression, bullying, and successful aging.

Discussion of the NIH Women and Girls Research Agendas Presentations

- Dr. Jones asked the panelists what research they had seen concerning self-harming (i.e. “cutting”) behavior. Ms. Johnson responded with several studies concerning eating disorders and self-harm. Ms. Johnson and Dr. Wetherington suggested searching a clinical trials network for pertinent work, particularly public studies correlating eating disorders and self-harming behaviors.
- Dr. Greenfield remarked that one of the more important aspects of Ms. Johnson's presentation was its focus on integrated healthcare for the many co-occurring disorders, particularly with women’s mental health.
- Ms. Sparky Harlan asked whether there has been research on non-physicians using the assessment toolkit. Dr. Wetherington said there had not been but that she would direct her to someone who might know the answer at NIDA. Dr. Roach weighed in, said she could refer her to peers who worked in that field. Ms. Nerad suggested the Conrad Hilton Foundation would have helpful research and pertinent grants on the topic.
- Dr. Warshaw asked Ms. Johnson for more information on her HIV work. Ms. Johnson reported on research concerning AIDS research and discordant relationships. Dr. Warshaw said her work concerned risk factors for substance abuse in mental health treatment.
- Ms. Amatetti asked how SAMHSA could help ACWS members with their work. Dr. Warshaw suggested a regular procedure to communicate what the practitioners are seeing on the ground. Dr. Lustig suggested a means of proactively communicating NIH’s research to the practitioners. Ms. Harlan suggested more research in technologically informed, innovative approaches to care involving smartphones and avatars.

Legislative Update, Including an Overview of the Cures Act by Brian Altman

Presenter: Mr. Brian Altman

- Mr. Altman explained the background, legislative progress, and key issues related to women that are addressed in the 21st Century CURES Act and SAMHSA’s role and responsibilities under the law. The presentation included the following:
 - The CURES Act became law after a four-year, two-part, bipartisan process, which was originally begun by Representative Tim Murphy (R-PA) in 2013. The Senate had a related bill called the Alexander-Murray Act. The Act’s Opioid Funding sections are derivative of the original budget proposal from President Obama’s \$1.1 billion grant program.
 - The first related grant applications are expected on February 17, 2017 and SAMHSA is working closely with states on this effort. SAMHSA will make the grant awards based on a formula, which includes specific criteria of need for each state. The goal is to reduce the treatment gap of opioid use disorders nationwide.

- When the CURES Act became law on December 13, 2016, it reauthorized SAMHSA for the first time in three years. .
- The CURES Act is not just a mental health bill. It covers a continuum of prevention, treatment and recovery. It allows states to develop plans that are comprehensive in nature. It supports PAIMI's (Protection and Advocacy for Individuals with Mental Illness) provisions for family assistance.
- The CURES Act has a number of provisions that strengthen mental and substance use disorder care for women and families. It reauthorizes and updates CMHI, authorizes HRSA to provide grants to promote primary and behavioral health care integration in pediatric primary care, reauthorizes and updates grants for substance use disorder treatment and early intervention for children and adolescents to provide early identification and services, reauthorizes National Child Traumatic Stress Initiative (NCTSI) and establishes a new grant program for maternal depression. It also establishes a grant program to develop, maintain, or enhance mental health prevention, intervention, and treatment programs for infants and children at significant risk of developing or showing early signs of mental disorders, including serious emotional disability.
- The CURES Act also includes the Opioid Grant provision, which authorizes HHS to provide grants to supplement opioid abuse prevention and treatment.

Discussion about the Legislative Update from ACWS Members

- Questions from the group to Mr. Altman concerned the ways in which institutes for mental disease (IMDs), maternal depression, and workforce development are or are not covered in the CURES Act.

SAMHSA and Health Resources and Services Agency (HRSA): Collaboration on the Integration of Behavioral Health and Primary Care

Presenter: Ms. Tenly Pau Biggs and Mr. Alex Ross

Discussant: Carole Warshaw, ACWS Member

- Ms. Tenly Pau Biggs presented a report on “Primary and Behavioral Health Care Integration and the Center for Integrated Health Solutions.” Her findings included the latest research concerning adults with schizophrenia, what primary care for a patient with complex needs look like, and The Center for Integrated Health Solutions, co-funded by SAMHSA and HRSA, to provide technical assistance in integration of primary and behavioral health care.
- Some accomplishments from the Center for Integrated Health Solutions include awarding funding to over 215 grantee organizations and collecting health outcomes in alignment with Center for Disease Control's (CDC) Million hearts Initiative and other Department of Health and Human Services (HHS) projects. Ms. Biggs also mentioned that SAMHSA and HRSA will be co-leading a virtual meeting focused on promoting and sustaining integrated behavioral health and primary care in June 2017.
- Mr. Alex Ross presented a report entitled “Increasing Access to Behavioral Health

Services.” Mr. Ross reported on examples of successful behavioral health programs, which led to higher rates of depression screening and lower rates of emergency room (ER) visits. He also presented information on HRSA and its 90+ programs, 3,000+ grantees, and the ways in which HRSA programs serve tens of millions of people who would otherwise be unable to access quality healthcare. Mr. Ross said that HRSA also runs professional training programs including The Behavioral Health Workforce Education and Training Program, The Graduate Psychology Education Program, The Primary Care Training and Enhancement Program, The Teaching Health Center Graduate Medical Education Program, and the National Center for Health Workforce Analysis on Behavioral Health. Noted successes include: the Ryan White HIV/AIDS Program (which provides life-sustaining healthcare and medication for 500,000 people living with HIV/AIDS), the Maternal and Child Health Department (which runs maternal and child health programs to more than 50 million women, infants and children each year), and its Rural Health Outreach Program (which aims to expand healthcare support to communities and create continuation of care outside of urban centers).

Overview of the Surgeon General’s Report on Alcohol, Drugs and Health

Presenter: Dr. Jinhee Lee

Discussant: Hendree Jones, ACWS Member

- Dr. Jinhee Lee provided a broad summary of the work that led to the development of the Surgeon General’s Report on Alcohol, Drugs and Health. She also provided an overview of its contents and the impact of the report’s publication. The bi-partisan effort was released to the public in November 2016, as the first-ever report from the Surgeon General’s Office to address alcohol, drugs, and health. The Report describes the extent of the substance use problem nationwide and includes: the neurobiology of substance use, misuse, and addiction; prevention programs and policies; early intervention, treatment and management of substance use disorders; recovery paths; health care systems and coordination with substance use disorders; and a vision for the future of treatment via public health.
- On its first day online, the report was downloaded over 13,000 times. It is unclear how this compares to previous reports. However, having the U.S. Surgeon General issue a report on the topic of drug addiction was an incredible boon to the public health and substance misuse field. Five major findings from the report include:
 - Substance misuse and substance use disorders harm the health and well-being of individuals and communities.
 - Effective community-based prevention programs and policies exist and should be widely implemented.
 - Full integration of the continuum of services of substance use disorders could significantly improve the quality, effectiveness, and safety of all health care.
 - Coordination and implementation of recent health reform and parity laws will help ensure increased access to services for people with substance use disorders.
 - Research has clarified the biological, psychological and social underpinnings of substance misuse and related disorders, and described effective prevention, treatment and recovery support services. Future research is needed to guide the

new public health approach.

- Discussion included the number of times the report had been downloaded, the reports' accessibility nationwide, gender-specific approaches to applying the report's recommendations, and the report's consideration of co-occurring mental health conditions.

A Conversation with Kana Enomoto, Acting Deputy Assistant Secretary for Mental Health and Substance Use

- Ms. Amatetti introduced Ms. Kana Enomoto. Ms. Enomoto opened by asking members what topics were on their mind.
- Ms. Warshaw asked how the new presidential administration change might change implementation of the 21st Century Cures Act and other SAMHSA projects. Dr. Jones added that with the new administration, essential care such as long-acting contraception and the newly passed CARA bill may be in jeopardy.
- Ms. Harlan asked what Ms. Enomoto's role with the new administration will be.
- Dr. Lustig suggested that SAMHSA should have a means of pushing its research and services out to managed care organizations to educate them. He also asked if SAMHSA could coordinate with managed care programs to ensure coverage of PPW outpatient services.
- Dr. Greenfield said that she was concerned that much of the progress that has been made concerning women's health will be rolled back as a result of the new administration.
- Ms. Enomoto responded to all questions. In particular, she reminded the group that she serves at the will of the executive branch, and that she will work with whomever the transition process includes. Ms. Enomoto said that she is working on several projects including getting insurance purchasers "to the table" for productive health insurance conversations, creating an 80-page implementation procedure for the Cures Act, and implementation of the Turn the Tides Campaign. She noted that much of the transition and its possible effects on SAMHSA's organization are still up in the air. However, she stressed that she is not worried about SAMHSA. Ms. Enomoto thanked the ACWS members for being ambassadors for SAMHSA.

Review and Discussion of Joint NAC Questions

- Ms. Amatetti asked the ACWS members what perspectives the group should be sure to broach during the Joint NAC meeting, on behalf of ACWS. Dr. Warshaw brought up the fact that the opioid epidemic and overdose deaths should be discussed in the suicide-focused groups as suicidal ideation and suicide attempts can be misclassified

- Ms. Amatetti asked the group for input on topics to discuss with the group during the Joint NAC Meeting. Dr. Greenfield and Ms. Johnson suggested the topic of opioid overdoses, suicides and inaccurate reporting of suicides, particularly with regard to women. Ms. Harlan concurred and added that the high-rates of transgender women committing suicide is an area that urgently needs to be studied. In response, Ms. Johnson suggested Ms. Harlan review the NIH's work on sexual gender minorities which currently has a grant program.
- Ms. Amatetti asked the members what ACWS-focused topics should be brought up at the next day's under-age drinking breakout group. Dr. Greenfield mentioned that particularly with women, under-age drinking is at epidemic levels, which has disastrous physiological effects. Ms. Nerad agreed and said that there's a need to discuss the epidemiology of under-age drinking, and that the field needed new strategies for addressing underage drinking. Ms. Nerad suggested discussing gender-specific programs and gender-responsive strategies. Dr. Warshaw suggested that these discussions be sure to include the frequent links between under-age drinking and campus sexual assault. Dr. Jones added that the discussion should also consider college-aged people who are not in four-year colleges. Ms. Johnson suggested that the topic of alcohol addiction should also include problems across a woman's lifetime, as there are different health issues that arise in older women. Dr. Warshaw agreed and said there is currently an age gap in the research.
- Dr. Lustig initiated a conversation concerning the recovery community and its acceptance or lack thereof of the utilization of other medication while in recovery. Ms. Nerad agreed and said that they also need to educate their peers. Dr. Warshaw added that an additional issue is a lack of training of physicians concerning medically assisted treatment.

Closing Remarks

Ms. Amatetti suggested that the next meeting might include the SAMHSA's Chief Medical Officer, Dr. Anita Everett. Ms. Nerad said she would like to address how to better empower women to rise in leadership. Dr. Warshaw agreed and said that it should be ensured that there is a gender-responsive track within the workforce development initiative.

Public Comment / Adjourn

There were no public comments.

Adjournment

Ms. Amatetti then adjourned the meeting at 4:27 p.m. (EST).