

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Service Administration
Advisory Committee for Women's Services

Minutes

SAMHSA Advisory Committee for Women's Services

February 24, 2016

SAMHSA Headquarters
Rockville, Maryland

Committee Members Present:

Anita Fineday, J.D., M.P.A.
Shelly F. Greenfield, M.D., M.P.H.
Hendree Iones, Ph.D.
Dan Lustig, Psy.D.
Karen Mooney, M.S.W., LCSW
Sarah Nerad
Jeannette Pai-Espinosa, M.Ed. (via telephone)
Carole Warshaw, M.D.
Rosalind Wiseman, M.A.

Council Member Absent:

Brenda V. Smith, J.D.

SAMHSA Leadership:

Kana Enomoto, M.A., Acting Administrator, SAMHSA
Mary Fleming, M.A., Associate Administrator for Women's Services, SAMHSA
Sharon Arnatetti, 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:

Kana Enomoto, M.A. Acting Administrator, SAMHSA
Cynthia Kemp, M.A. L.P.C., Chief, Community Support Programs Branch, Center for Mental Health
Services, SAMHSA
Iris Mabry-Hernandez, M.D., M.P.H., Lead Federal Liaison to the U.S. Preventive Services Task Force,
Administration for Healthcare Research and Quality, Department of Health and Human Services
Shelly Greenfield, M.D., M.P.H., Chief Academic Officer, McLean Hospital; Professor of Psychiatry,
Harvard Medical School; Chief, Division of Women's Mental Health; Director, (Clinical) and Health
Services Research and Education, Alcohol and Drug Abuse Treatment Program, McLean Hospital;
ACWS Member
Peggie Rice, Legislative Director, SAMHSA
Carole Warshaw, M.D., Director, National Center on Domestic Violence, Trauma, and Mental Health;
ACWS Member

Call to Order

Ms. Benton called the meeting of SAMHSA's Advisory Committee for Women's Services (ACWS) to order on February 24, 2015, at 9:20 a.m. (EST).

Welcome, Adoption of Minutes, and Opening Remarks

- Ms. Fleming welcomed participants to the meeting, and ACWS members and SAMHSA staff introduced themselves.
- ACWS members unanimously approved the minutes of the ACWS meeting held on August 26, 2015.
- Ms. Fleming updated members 011 SAMHSA's recent leadership changes.

Women and Behavioral Health: Orientation to the Federal Legislative Process

Presenter: Peggie Rice

- Ms. Rice offered an overview of the legislative process and of the role and recent activities of Acting Administrator Enomoto and SAMHSA's Office of Legislation.
- Ms. Rice presented highlights of the President's proposed budget for SAMHSA for fiscal year (FY) 2017, which would significantly increase SAMHSA's funding, and enumerated key SAMHSA priorities. Priorities include engaging individuals with serious mental illness in care, addressing the opioid public health crisis, preventing suicide, and maintaining the behavioral health safety net.
- ACWS members posed questions regarding certain aspects of the budget, including the proposed expansion of the Pregnant and Post-Partum Women program to women in outpatient settings, and addiction care and provider accountability under the Certified Community Behavioral Health Centers Demonstration Program.

U.S. Preventive Services Task Force Fifth Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services for Women, including Intimate Partner Violence, Illicit Drug Use, Major Depressive Disorder, and Suicide Risk

Presenter: Dr. Iris Mabry-Hernandez

Discussant: Anita Fineday, ACWS Member

- Dr. Mabry-Hernandez reported 011 the U.S. Preventive Services Task Force's fifth annual report to Congress. The Task Force, composed of a panel of experts, synthesizes and disseminates knowledge on clinical preventive services, and makes recommendations to primary care clinicians based on peer-reviewed evidence. Their report also recommends priority areas that warrant further examination. The 2015 report to Congress identified evidence gaps related to women's health in the areas of screening for intimate partner violence, illicit drug use, depression, and suicide risk. The report also focused on implementation of steps and studies needed to address the identified gaps.
- Led by Ms. Fineday, ACWS members' discussion touched on the lack of sufficient funding to build the evidence base for intimate partner violence, including screening, and in dealing with trauma and coercion; the importance of linking research on depression, intimate partner violence, substance use, and suicide prevention; the need to fund and implement the Task Force's recommendation on

depression screening in integrated care for pregnant and postpartum women; and the need to fund implementation science. Dr. Carole Warshaw stated that guidance will be published soon on strategies to incorporate in clinical settings screening questions on mental health and substance abuse coercion. Members noted that human trafficking was not addressed in the Task Force report, and that practitioners need training on substance use as a relapsing condition.

- One of the public attendees, Dr. Kristie Golden, Department Administrator, Stony Brook School of Medicine, suggested seeking evidence regarding the rollout of states' Medicaid redesign in terms of depression screening, primary care integration, and the practice of SBIRT across settings. She suggested establishing partnerships with Medicaid redesign states to capture Medicaid claims outcomes for populations.

Sexual Abuse, Coercion, and Intimate Partner Violence: Implications for Intervention and Treatment

Presenters: Dr. Carole Warshaw and Dr. Shelly Greenfield, ACWS Members

Discussant: Jeannette Pai-Espinosa, ACWS Member

- Dr. Warshaw and Dr. Greenfield led a discussion inspired in part by SAMHSA's Women's Coordinating Committee's request for ACWS guidance on the highly complex issue of women and sexual abuse and coercion. Dr. Warshaw discussed the range of expressions of sexual coercion across the lifespan and its place within the continuum of sexual violence. She reflected on the implications for prevention and treatment of childhood sexual abuse, domestic minor sex trafficking, teen sexual coercion and dating violence, and adult sexual and intimate partner violence; and the ongoing prevention work to prevent sexual coercion among teens. She described treatment and intervention considerations across the lifespan through the lens of a person's internalized experience of the impact of trauma, threats, and coercion in the context of their lives, and their lack of trust in getting access to treatment.
- Dr. Greenfield highlighted extensive research that shows that sexual abuse, mental health and substance use disorders, and trauma events all contribute to high risk for post-traumatic stress disorder and for lifetime onset of substance use disorders. Converging evidence is showing that treating co-occurring substance use and post-traumatic stress disorder concurrently improves outcomes for post-traumatic stress disorder with no worsening of substance use **outcomes**—contrary to conventional wisdom and commonly held fears. Effective practices include Seeking Safety, Prolonged Exposure, and the COPE study. Dr. Greenfield called for more investigation to determine effective combinations of care, duration, scope, and timing to identify optimal models of integrated care for post-traumatic stress/substance use disorder.
- Ms. Pai-Espinosa described the findings of an Adverse Childhood Experiences-(ACE) related study that revealed significant differentiation between levels of scores for young women ages 12-21: Scores of 4-7 ACEs generated similar stress levels from the high to the low score of that group, but an ACE score of 8-10 represented significantly greater prevalence in the population of such conditions as human trafficking, mental health disorders, and emotional abuse. Children of high-scoring mothers had lower scores than their mothers and also had less sexual abuse.
- Ms. Pai-Espinosa also discussed the impact of intergenerational substance use disorders. Conversations with women about the term *coercion* reveal that their children do not identify with free will or choice or consent; in fact, trading sex for food or safety can seem empowering. ACE high-scoring young women say they need treatment and support for addiction issues, healthy relationship models, safe relationships, and support to build self-esteem. There is clinical value in sharing experiences and in doing advocacy work and rites of passage are important to this group.

- In discussion, members observed the significant challenge of retaining young women in residential treatment programs for recovery from sexual abuse and other intimate partner violence. A woman's motivation and readiness to participate may play important roles; often women return after an initial short stay in a program. To fill this gap in understanding, it may be valuable for programs to systematically identify women's reasons for leaving programs and to create a database.

Improving Community Behavioral Health Services in the Nation: Demonstration Section 223

Presenter: Cynthia Kemp

Discussant: Karen Mooney, ACWS Member

- Ms. Kemp presented an overview of Demonstration 223 (Protecting Access to Medicare Act (PAMA)), a two-year grant program designed to improve and expand community behavioral health services nationwide by means of coordinated care provided by certified community behavioral health clinics. The Congressionally mandated Demonstration 223 presents an opportunity for states to further integrate behavioral health with physical health care, use evidence-based practices on a more consistent basis, and improve access to high-quality care and to pay for the services. Under the current scenario, eight states will be selected in a peer-reviewed competition for funding totaling nearly \$1 billion, based on plans now under development by 24 states. The planning grants require states to certify the participating community behavioral health clinics, develop a state prospective payment system, prepare for program evaluation, and solicit input from state stakeholders. Ms. Kemp stated that the program offers many opportunities to improve services to women and girls.
- Ms. Mooney welcomed discussion among ACWS members. Among other topics, members raised issues regarding inadequate focus under Demonstration 223 for addiction treatment providers. In the absence of statutory language specifying substance abuse, members stated that guidance from SAMHSA is necessary to drive states' activities regarding substance abuse-related services. Members also posed questions about the omission of residential care for either addictions to substances or mental health disorders, and states' readiness for changes in billing Medicaid, which will fund the services. Members observed that results from the demonstration no doubt will offer information on unintended consequences of the program.

ACWS Future Priorities: A Conversation with the Acting Administrator

- Mr. Tom Coderre, SAMHSA chief of staff, described SAMHSA's interagency work and work with Congress and other stakeholders.
- Ms. Enomoto discussed features of the favorable FY 2016 budget and the President's proposed FY 2017 budget, which would represent a significant increase in funding for SAMHSA.
- In discussion, ACWS members posed questions about mental health reform, the need to address coercion and HIPAA issues related to assisted outpatient treatment programs; the need for strong SAMHSA leadership to be more inclusive of, and specify the required services of, substance abuse services providers; and the need to include physicians in workforce training initiatives and to offer incentives for physician training to treat substance use disorders and coordinate care.

Review and Discussion of Joint National Advisory Council Questions

Presenter: Mary Fleming

- ACWS members reviewed questions regarding SAMHSA’s role that were to be raised the following day at the joint meeting of SAMHSA’s advisory committees. Topics included development of certified community behavioral health clinics, efforts to address early serious mental illness, mental health parity and addiction equity, national opioid crisis, and integrating the social determinants of health into behavioral health care.
- In discussion, ACWS members inquired about opportunities to offer input on Demonstration 223 grants, discussed evaluation design for the grants, and suggested that academic centers might partner in data analysis for 223 evaluations. Regarding early onset of serious mental illness, members pointed out the need to screen adolescents and young women in a wide age range and inquired about the existence of evidence-based, gender-responsive mental health treatments. Reflecting on addiction treatment equity, members noted that SAMHSA has an educational role in promoting parity, rather than "medical necessity," in managed care, and commented that a new policy in Massachusetts holds that if clinician and patient concur that an addiction treatment service is necessary, it requires no authorization for payment.
- On the topic of medication-assisted treatment, members expressed support for recovery coaching in addictions treatment; observed the need for SAMHSA to forge partnerships with pharmacies to make naloxone widely available without prescription; urged SAMHSA to disseminate its publications on medication-assisted treatment and to promote the ability of treatment, criminal justice, and other settings to have a supply on hand of naloxone; and observed that administration of naloxone is rarely followed up with efforts to facilitate connections to treatment. Members pointed out that no gender differences are apparent in buprenorphine and methadone treatment.

Closing Remarks

As topics for future ACWS meetings, members suggested participation in residential treatment of women who have experienced intimate partner violence; and best-practice strategies (including financing) to provide comprehensive, whole-person services for women. In addition, members requested presentations with sufficient time allocated for in-depth discussion.

Public Comment

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

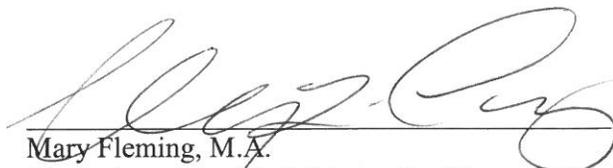
Adjournment

Ms. Fleming adjourned the meeting at 4:24 p.m.

Certification

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

4/20/2014
Date


Mary Fleming, M.A.
Chair, Associate Administrator for Women’s Services,
SAMHSA