DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION'S
ADVISORY COMMITTEE FOR WOMEN'S SERVICES

Minutes

April 10, 2013
Rockville, Maryland

Department of Health and Human Services
Substance Abuse and Mental Health Service Administration
Advisory Committee for Women's Services
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The Substance Abuse and Mental Health Services Administration (SAMHSA) Advisory Committee for Women's Services (ACWS) convened at SAMHSA headquarters in Rockville, Maryland, on April 10, 2013. Ms. Kana Enomoto, SAMHSA Principal Deputy Administrator and Associate Administrator for Women's Services, chaired the meeting.

Committee Members Present: Johanna Bergan; Yolanda B. Briscoe, Ph.D., M.Ed.; Jean Campbell, Ph.D.; Harriet C. Forman; Shelly F. Greenfield, M.D., M.P.H.; Velma McBride Murry, Ph.D. (by telephone); Starleen Scott-Robbins, M.S.W., LCSW (by telephone); Carole Warshaw, M.D.; and Rosalind Wiseman, M.S. (see Tab A, Committee Roster)

Principal Deputy Administrator, Associate Administrator for Women's Services, SAMHSA: Kana Enomoto, M.A.

Designated Federal Official: Geretta Wood

Non-SAMHSA Federal Staff Present: (see Tab B, Federal Attendees List)

Representatives of the Public Present: (see Tab C, Public Attendees List)

Call to Order

Ms. Geretta Wood, Committee Management Officer and Designated Federal Official for SAMHSA's Advisory Committee for Women's Services, called the meeting to order at 9:10 a.m. on April 10, 2013, and declared the presence of a quorum.

Welcome and Introductions

Ms. Kana Enomoto, SAMHSA Principal Deputy Administrator and ACWS Chair, welcomed participants, including new member Ms. Rosalind Wiseman, and members identified themselves. An author and educator, Ms. Wiseman focuses much of her work on issues that face girls, how those issues intersect with boys' issues, and translation of those issues for parents and teachers. Currently she is examining the dynamics and social norming of girls' interactions with boys in gaming situations, and the abuse that girls experience in that space. In the fall Ms. Wiseman will publish two books on the social dynamics of boys, following on the success of several earlier books for girls, parents, and young adults.

Remarks by the Associate Administrator for Women's Services

Ms. Enomoto updated Committee members on SAMHSA's recent activities, which have included involvement in the responses to Hurricane Sandy and the Sandy Hook school shooting tragedy. SAMHSA also has been working closely with the White House on a presidential initiative to reduce gun violence, increase school safety, and improve access to mental health services.

Ms. Enomoto noted that the President's FY 2014 budget was to include a significant package to address mental health services, particularly for transition-age youth (ages 18–25) and their families. The Administration's sustained interest in these issues is unprecedented, coupled with increasing awareness and desire to change the norms for mental health, mental illness, negative attitudes, and substance abuse. SAMHSA views these issues as interrelated and is working to broaden that awareness. SAMHSA and the White House no longer refer to *stigma*, but focus on *negative attitudes and discriminatory behaviors*.

SAMHSA celebrated its 20th anniversary in October when several past Administrators participated in panel discussions on the evolution of behavioral health and SAMHSA's role. Two decades ago, when agencies and activities were siloed, SAMHSA struggled to forge an independent identity as the services agency for mental health and substance use. Today SAMHSA is working to integrate with a changing health system under the Affordable Care Act (ACA), while maintaining the integrity, identity, and clarity of mental health and substance abuse as distinct entities, and also while emphasizing prevention and promotion of mental health. Dr. Jean Campbell noted that recovery has come into public prominence, and Ms. Enomoto added that a focus on resilience, growth of the mental health consumer movement and a movement of people in recovery from addictions, and youth voice also have emerged.

In January 2014, 62 million more people will have access to mental health and substance abuse services under the ACA through Medicaid expansion exchanges and parity. Tens of millions of Americans already benefit from stronger coverage. The ACA provides access to preventive services at no cost, and 6.1 million Medicare beneficiaries have realized significant savings on prescription drugs. The ACA enabled 3.1 million young people to gain coverage under their parents' plans, and millions more Americans are slated to benefit over the next year. Beginning in January, companies cannot refuse coverage for preexisting conditions, including being a woman, and when enrollment opens for the new health insurance marketplaces, Americans will have a simple, convenient way to access coverage.

The Violence Against Women Act, reauthorized this year, changed the landscape for victims who have suffered in silence. The legislation expands protections for Native Americans, including giving tribes jurisdiction over non-Indian perpetrators. The law also explicitly identifies LGBT as underserved populations and prohibits discrimination on the basis of sexual orientation or gender identity.

President Obama continues to support a proposal for a services research project to test and develop adult screening, brief intervention, referral, and treatment (SBIRT) for trauma in women and adolescent girls in primary care and general health settings. This project appears in the FY2014 proposed budget.

Adoption of Minutes of the ACWS Meeting of August 8, 2012

Members unanimously approved the minutes of the ACWS meeting held on August 8, 2012.

Updates from ACWS Members

Dr. Carole Warshaw has centered her activities on screening for domestic violence and other trauma; policy and research issues; and infusion of culture, domestic violence, and trauma lenses into mental health and substance abuse systems. A new effort focuses on helping to build the evidence base for treatment of trauma in the context of domestic violence when women are still under siege. A formal literature review has been conducted on treatment for trauma in the context of domestic violence; a commentary on mental health and gun violence has been compiled; and a study is underway on mental health and substance abuse coercion in the context of domestic violence. Dr. Warshaw's work also includes developing tools and guidelines for mental health and substance abuse providers.

Dr. Shelly Greenfield conducts research on alcohol and drug use with a specific focus on treatment of women and on gender differences. She heads the Women's Mental Health Initiative at McLean Hospital, which will initiate a new Division of Women's Mental Health to encompass women's programs across the life span. Dr. Greenfield also has chaired NIDA's Clinical Trials Network's Gender Special Interest Group for a decade. She currently is writing a report on a recently completed randomized controlled trial of an effective new manualized treatment in group therapy that accommodates rolling admissions of women with a variety of mental and co-occurring substance use disorders. Ms. Sharon Amatetti, SAMHSA's Women's Issues Coordinator, encouraged ACWS members to consider ways that SAMHSA might focus more on serving women in co-ed settings in a gendered way.

Dr. Jean Campbell reported that she has retired as research professor in mental health but still works in the field. She expressed regret that more people with the lived experience of a psychiatric diagnosis have not embraced conducting research on matters of concern to mental health consumers. She has served on an editorial board for a SAMHSA-supported paper on behavioral health care homes in the context of ACA-mandated bidirectional integration of health and mental health in community mental health centers. The paper discusses the transformation of a chronic care model into a recovery-based model. Dr. Campbell urged SAMHSA to promote well-being and recovery.

Ms. Wiseman pointed out that school vice principals typically lack training to understand and deal appropriately with the complex dynamics that lead to conflict among children; for example, they often do not identify the true perpetrators in bullying situations, and they respond in ways that may retraumatize victims. Ms. Wiseman also raised the issue of pornography and noted the need to consider ways in which adults can speak age appropriately with young people about this and other issues.

Ms. Harriett Forman observed that under ACA, her Medicare Advantage insurance plan rewards wellness activities. She noted that the Supreme Court arguments on the Defense of Marriage Act publicized research that finds marriage equality to be healthy for children who grow up with same-gender married parents. She observed the need to counter negative conversations about the emerging research.

Dr. Yolanda Briscoe stated that she is consulting on New Mexico's Pregnant and Parenting Women grant's efforts to engage, retain, and increase capacity. She also is working with the University of New Mexico to engage families in treatment to counter intergenerational substance dependence. Dr. Briscoe is a member of New Mexico's Recovery-Oriented Systems of Care Advisory Committee. She noted that the New Mexico Governor's Law Enforcement Assisted Diversion program diverts people into treatment.

Ms. Johanna Bergan has joined Youth M.O.V.E. National's staff as Director of Member Services. The national youth-driven group, which achieved independent, nonprofit status in October 2012, has 59 chapters. As technical assistance/contact person, Ms. Bergan helps local and state chapters identify their purpose and vision, such as providing social, recovery, and treatment supports, and activism. The organization hopes to provide a model for a youth movement across the country. Ms. Bergan stated that the organization introduced the idea of youth voice, but as its leaders age and engage the next cohort of youth leaders, they are considering how to leverage former leaders' experience to further their careers.

Dr. Velma Murry reported that results of a study in rural Georgia indicate that her Strong African American Families program has lowered incidence among young people of risky sexual practices, including alcohol and substance abuse. Dr. Murry's more recent study has explored whether rural African American families in Tennessee can internalize information delivered by computer. Preliminary data show that the families receive the program well via technology, but greater variability between parents and young people was noted on receptivity to the parenting subject matter. Dr. Murry, who serves on the UNICEF/USAID Maternal Child Health Committee, noted the importance of U.S. researchers understanding other countries' work and also to learn how work in those countries can inform work in the

United States. Dr. Murry's efforts with the Institute of Medicine's Board of Children, Youth, and Families focus on trauma of both males and females, including sex trafficking of girls. She also serves on a workgroup to examine how scientific and policy work can inform about the health, safety, and well-being of young adults.

Ms. Starleen Scott-Robbins reported that the National Association of State Alcohol/Drug Abuse Directors' (NASADAD) Women's Services Network (WSN) now focuses on collaborating with drug courts to provide appropriate substance abuse treatment services to women and to provide gender-responsive services upon reentry from the criminal justice system; examining how states provide therapeutic services to children of women who enter treatment; providing medication-assisted therapy and fetal alcohol spectrum disorder (FASD) services for pregnant and parenting women; and developing approaches to recovery-oriented services for women. A work group will compile a compendium of trauma-informed services available to women.

Updates from SAMHSA Women's Coordinating Committee

Several SAMHSA internal staff who are members of the SAMHSA Women's Coordinating Committee discussed selected activities related to women. Dr. Margaret E. Mattson, Research Scientist, Analytic and Services Research Branch, Division of Evaluation, Analysis, and Quality, Center for Behavioral Health Statistics and Quality (CBHSQ), explained that CBHSQ is a statistical unit that collects, analyzes, and disseminates reports on behavioral health as captured in three major databases. For its audience of media, laypersons, public health specialists, and researchers, CBHSQ creates reports of all sizes, about 60 of which are female-specific reports issued since 2001; about 75% of reports present gender-specific breakdowns. The reports (available at www.samhsa.gov/data) attract significant media coverage. CBHSQ plans to convert its Spotlights reports to plain language to reach a broader, less-educated population segment and will increase social media use to disseminate its work to younger people. By looking at cross-cutting issues, CBHSQ works to create more comprehensive and integrated reports. Recent reports have focused on women and girls, younger and older adolescents, mental health/comorbidity, licit and illicit drugs, mental health problems, and many specific population groups. CBHSQ has published a bibliography of its reports that focus specifically on women and girls. Ms. Amatetti added that SAMHSA will publish a report on characteristics of pregnant teen substance abuse treatment admissions.

Ms. Claudia Richards, Senior Advisor to the Director, Center for Substance Abuse Prevention (CSAP), described features of the upcoming second annual National Prevention Week (May 12–18, 2013), a SAMHSA-sponsored national health observance that features local events to raise public awareness and action regarding prevention of substance use and mental health disorders and promotion of mental, emotional, and behavioral well-being. National Prevention Week aligns with the National Prevention Strategy and SAMHSA's Strategic Initiatives.

National Prevention Week's target audiences include community-based prevention organizations and coalitions, other organizations and individuals involved in prevention activities, and the general public. The 2013 overarching theme is "Your voice. Your choice. Make a difference." A National Prevention Week toolkit was created to inform and facilitate local observances. Ms. Richards described the Prevention Pledge, housed on SAMHSA's Facebook page, which encourages the public to take part in National Prevention Week by pledging to lead a healthy lifestyle and engage in prevention activities. SAMHSA's promotion and outreach efforts (see www.samhsa.gov/preventionweek) involve cross-promotion with many federal agencies and national organizations, and targeted use of social media. The 2012 National Prevention Week campaign resulted in coverage by more than 100 different media.

Mr. Jon Dunbar-Cooper, Public Health Analyst, Division of Systems Development, CSAP, described outcomes of two of SAMHSA's evidence-based approaches to combat fetal alcohol spectrum disorder

(FASD). Ninety-nine percent of pregnant women in Women, Infants, and Children and Head Start programs who participated in the Screening and Brief Intervention (SBI) Initiative reported abstinence by the third trimester of their pregnancy, regardless of active or past drinking status. In the Parent-Child Assistance Program, which targets pregnant and post-partum women in drug and alcohol programs, 24% of women reported using contraception effectively; 28% reported no alcohol use, and 34% of the combined groups stated that they practiced contraception and abstained from alcohol. Eighty-six percent were not at risk for an alcohol-exposed pregnancy compared to 100% at risk at the start of the program.

Mr. Dunbar-Cooper explained that FASD often is not recognized or diagnosed, that a significant number of persons in substance abuse treatment may have an FASD, that individuals with an FASD may not respond to typical treatment approaches due to impaired information processing, and that women with an FASD are at high risk of giving birth to a child with an FASD. Therefore, modifying traditional treatment to address FASD can reduce the incidence of alcohol-exposed pregnancies and improve outcomes. The FASD Center for Excellence recently released a Fact Sheet, which, along with other information and resources, may be accessed at www.fasdcenter.samhsa.gov.

Ms. Amatetti stated that the SAMHSA Women's Committee staffs the Department of Health and Human Services' Women's Coordinating Committee on Women's Health, led by the Department's Office of Women's Health. This committee is looking at preventive services that are part of the ACA, with special attention to interpersonal violence screening. Also, a cross-agency group is planning a research symposium to be held in October 2013 at the National Institutes of Health to examine research gaps on the issue. Ms. Amatetti stated that Ms. Wiseman is working with SAMHSA to develop a SAMHSA in-service program to observe National Women's Health Week. She also announced that a Women's Conference will not be held in 2014.

Transition Age Girls and Young Women

Dr. Mattson discussed binge drinking, a particularly harmful form of drinking among transition-age women and girls. *Transition age* refers to the group of young people 18–25 years of age who are in extended adolescence, some of whom remain financially dependent on their parents and have a markedly high prevalence of alcohol use. SAMHSA's National Survey on Drug Use and Health (NSDUH) uses a standardized drink measure and considers binge drinking equivalent to five or more drinks on the same occasion, at the same time, or within a couple of hours. Heavy drinking consists of five or more drinks on the same occasion on each of 5 or more days in the past 30 days. All heavy drinkers by definition are binge drinkers.

NSDUH data show that about half the U.S. population are considered current drinkers; about 22–23% report binge drinking within the last 30 days, and 6% report heavy use. The peak prevalence for binge drinking is 35%, which occurs in the early 20s for both women and men. Males reach a higher peak than women, but drinking follows a similar progression and drops off with age. For any form of drinking, the 18–25 group drinks at alarmingly high rates, with females not far behind males. In terms of public health burden, almost 5.5 million females and 8 million males are considered binge drinkers and at risk for serious consequences. Females binge 3 to 4 days per month, and males 4 to 5 days. Moreover, 45% of the population reports a total of 16 to 19 days of any drinking during the month. Females ages 18–25 most at risk for risky behavior are women who are white (38%), college graduates (41%), and single (35%). No significant differences in rates of binge drinking have been posted since 2002 for females, in contrast with a slight drop for males.

The danger in binge drinking lies in the high, toxic dose of alcohol delivered in a short amount of time to all organs of the body. Youth may be especially sensitive to binge drinking because neurological developmental changes occur at least through age 25. Women have special vulnerabilities due to higher

blood alcohol concentration, drinking problems at lower drinking levels and earlier than men, and sexual and reproductive vulnerabilities, including sexual assault, unintended pregnancy, and harm to the fetus.

Mr. Richard Lucey, Jr., Special Assistant to the Director, CSAP, described research and initiatives related to drinking and mental health issues among college-age women and men. For the past 20 years, full-time college students have had the highest use of alcohol over the long term compared to part-time and nonstudents. Mr. Lucey noted that SAMHSA plans to add gender differentiation in NSDUH measures to conform with other major surveys in the field. According to NIAAA, more than 1,800 students die from alcohol-related unintentional injuries, almost 100,000 become victims of incidents of sexual assault or date rape, 400,000 have unprotected sex, and hundreds of thousands of assaults involve drinking students who are either victim or perpetrator.

The mental health of college students contributes to high-risk alcohol use. The American College Health Association found that in the last year 46.5% of college students felt things were hopeless, and 32% were so depressed they found it difficult to function. Hopelessness, depression, anxiety, and panic attacks affected more women than men, but suicidal ideation occurred about equally. Women received more diagnoses and treatment than males for depression, anxiety, and panic attacks, and women students sought help or counseling in health centers and counseling centers.

SAMHSA's Strategic Prevention Framework (SPF), a core prevention planning process promoted to all grantees and others, involves needs assessment, building capacity, identifying appropriate strategies and programs, implementation with fidelity, and evaluation. SPF State Incentive Grants and Drug-Free Community grantees actively collaborate with colleges in their surrounding areas.

Mr. Lucey stated that NIAAA has described strategies most effective in preventing alcohol use among college students. Education alone has been found ineffective, though many campuses continue this practice. Promising approaches, those that have insufficient empirical evidence of absolute effectiveness with college students, include regulation of happy hours and sales (for example, ladies' nights). Brief motivational interviewing, including SBIRT, is one of the most effective prevention approaches among college students.

Mr. Lucey endorsed two Department of Education books, *Experiences in Effective Prevention* and *Field Experiences in Effective Prevention*, which describe common elements of effective programs across all levels of effectiveness: exercise of leadership, coalition building, evidence-based programs, strategic planning, program evaluation, sustainability, and taking a long view. Core resources may be accessed at www.stopalcoholuse.gov (Federal portal on underage drinking), www.collegedrinkingprevention.gov (NIAAA), and www.thenetwork.ws (The Network, a volunteer organization plus 1,600 colleges and universities).

Current and future prevention opportunities include CSAP's Partnerships for Success Grants, which focus on prevention of underage drinking and prescription drug misuse and abuse in the 18–25 age group; National Prevention Week activities; and SAMHSA's collaboration with the Department of Education's Safe and Supportive Learning Environment Technical Assistance Center on substance abuse prevention in higher education. Mr. Lucey explained that the Department of Education recently ceased operation of its Higher Education Center and ended grants to colleges to prevent underage drinking.

Mr. Eric Lulow and Ms. Kaitlyn Harrington, Public Health Advisors in SAMHSA's Center for Mental Health Services' (CMHS) Child, Adolescent, and Families Branch, described SAMHSA's Emerging Adults Initiative. Ms. Harrington noted that such issues as criminal justice involvement, teen pregnancy, and homelessness, along with educational achievement, employment, healthcare, access to services, and services inappropriate for teen families may impact young adults transitioning to adulthood. Mr. Lulow

explained that the initiative involves cooperative agreements to provide supports and services for young adults ages 16–25 to navigate the transitional period and also to work with state and local leaders to create statewide policy changes for long-term sustainability of services. Each year participating state teams convene for meetings to address their issues collaboratively. The initiative's objectives include developing a youth-guided systems-of-care approach; empowering young people to control case management and participate in their jurisdiction's organizational restructuring and systems improvement; and decreasing contacts with juvenile justice systems, and integrating local systems at the state, tribal, and territorial levels. The initiative emphasizes a strong family component and peer supports, with services coordinated around individual needs.

Data show a 52% improvement in sustaining long-term housing, which can help ease anxiety and enable young people to focus on their educational and other needs. Binge drinking patterns generally reflect the trend of drinking by young people as they age. It has appeared that young people have become more trusting and engage in greater self-disclosure. The initiative has shown that involving adult allies and youth peer-to-peer supports produce better outcomes, and many states offer Medicaid-reimbursable youth peer-to-peer services. Providing supports to all family members, while at the same time maintaining young people's autonomy, represents a best practice. SAMHSA, which seeks to integrate opportunities for consumer organizations to coordinate these efforts, offers strategies and resources to facilitate that effort. Practices for improved engagement of young people include interpreting to young adults the value of adult allies in order to develop relationships of trust and rapport, and providing a continuum of supports to families.

ACWS Discussion

Ms. Johanna Bergan, Director of Member Services, Youth M.O.V.E. National, led the discussion on ways SAMHSA can modify its current initiatives, programming, and research to focus more directly on women and girls. Dr. Campbell suggested instituting an aggressive continuous quality improvement process in college-age programs that involves peers in refining questions and informing SAMHSA on program goals. A quality process can help promising practices and programs develop into effective practices. She noted that the Emerging Adults Initiative lacks measures of well-being such as self-efficacy, hope, empowerment, meaning in life, and goal attainment, which lead to well-being and resilience.

Inquiring whether college girls believe that binge drinking is a bad thing, Ms. Wiseman initiated a conversation on self-perceptions of drinking and the validity of self-reports. Mr. Lucey responded that though there is some under-reporting, self-reports have validity. He noted also that reducing misperceptions about drinking norms helps to reduce actual alcohol use. Ms. Bergan described college girls' pride upon learning that they drink more than they thought they did.

Dr. Warshaw inquired about coercive contexts that support drinking and predatory behavior. Mr. Lucey responded that the three highest-risk groups for drinking on campus are first-year students, student athletes, and members of Greek letter organizations. Major drinking contexts include homecoming, big athletic events, fraternity rush, and unsupervised house parties. Ms. Bergan pointed to the need to train resident advisors in dorms on alcohol prevention and interventions. Dr. Campbell suggested the usefulness of data on students' readiness for change and the potential need to reformulate questions asked in surveys. Dr. Mattson stated that often the students' goal is to get as drunk as possible. She noted that some schools offer special sobriety programs for recovering drinkers, including sober dorms.

Dr. Briscoe noted that in some localities a pervasive culture of drinking exists in families, not just on campuses. She observed that residential and outpatient treatment facilities see increasing use of alcohol plus benzodiazepine, and suggested that SAMHSA study the prevalence of this combination in younger age groups.

Dr. Greenfield observed the inability to make headway in reducing drinking among transitional age youth despite other gains over the past 15 years. The perception of risk has decreased among both girls and boys, and many young women do not perceive drinking alcohol during pregnancy as a problem. She noted the danger in the practice of "predrinking," drinking prior to going out to get drunk. She expressed interest in collaborating on using evidence-based practices and programs in different settings. Mr. Lucey responded to Ms. Bergan's question about co-occurring heavy drinking and depression and anxiety by saying that the National College Health Assessment provides individual campuses with snapshots of the major impacts on students' lives.

Ms. Bergan noted the prevalence of eating disorders in girls who may have issues with body image during freshman year when they eat and drink more. Dr. Warshaw noted college students' need for more information about pharmaceutical interactions with alcohol. Ms. Wiseman observed the challenge for young people who would like to confront their friends credibly about excessive drinking but who do not know how. Mr. Lulow responded that peer advocates are trained to establish appropriate boundaries, set an example, and engage in safety planning. Ms. Amatetti noted that some campuses have no-consequence reporting. Mr. Lucey stated that brief motivational interviewing is one of the most effective approaches to address this issue, based on trained counselors' assessment of readiness to change. Dr. Mattson suggested the need for hospital emergency departments to offer motivational interviewing at teachable moments. Ms. Bergan pointed out that some resident advisors intervene with students in neighboring dormitories but not their own. She suggested finding areas where mental health and substance use overlap in college-age women and girls and targeting SAMHSA's work there.

SAMHSA Public Health Approach to Trauma

Ms. Mary Blake, Public Health Advisor, CMHS, explained that creating trauma-informed systems is a top SAMHSA priority. Trauma-informed systems allow SAMHSA and others to implement prevention and treatment interventions, reduce the incidence of trauma, and mitigate its consequences on the lives of people and communities. Trauma-informed systems also help to address the needs of people with mental health and substance use issues, especially those involved in the criminal justice system. SAMHSA has initiated its first effort to collect Government Performance Reporting Act (GPRA) data from program participants on the experience of trauma. About 60% of men and 75% of women respond that they have experienced violence or trauma in any setting, which is probably an under report. A positive response for trauma elicits four follow-up questions about its impacts. SAMHSA can organize the data by gender, and Ms. Blake solicited input on ways that the data might be useful to ACWS members.

SAMHSA has developed a paper to articulate its concept of trauma and a trauma-informed approach in an emerging field. SAMHSA analyzed major thought leaders, models, and interventions over the past 15 years to determine common principles and implementation features. SAMHSA convened multi-disciplinary experts to identify missing factors and to refine the concept. Following internal review and comment, a revised concept paper was distributed to the expert group and a draft made available for public comment. SAMHSA's draft concept holds that individual trauma results from an *event*, series of events, or set of circumstances that is *experienced* by an individual as physically and/or emotionally harmful or threatening and that has lasting adverse *effects* on the individual's functioning and/or physical, social, emotional, or spiritual well-being. Most public comments focused on the definition of trauma as opposed to elements of a diagnosis. The draft paper references healing and recovery from trauma.

A trauma-informed program, organization, or system *realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; *resists* retraumatization; and *responds* by fully integrating knowledge about trauma into policies, procedures, practices, and settings. The concept paper

articulates key principles, including safety, trustworthiness, and transparency, among others. SAMHSA takes a comprehensive public health approach to its work on trauma. Dr. Campbell observed that SAMHSA has taken initial steps to create a fidelity tool for trauma-informed approaches. Dr. Warshaw added that some researchers are working on outcome measures in the context of domestic violence.

Ms. Blake described some of SAMHSA's cross-agency collaborations guided by the Federal Partners Committee on Women and Girls and Trauma. The committee held two federal roundtables to create common understandings on their work on women and girls, and federal activity in response to issues related to trauma. The committee is developing a series of webinars and revising the *Federal Report on Women and Trauma*. An interagency collaboration involves HHS's Office of Women's Health to develop a trauma training initiative focused on helping community-based organizations understand trauma and its relevance to their work; SAMHSA has reviewed the curriculum and is engaging in ongoing dialogue and consultation. SAMHSA also has become more active with other agencies in work on interpersonal violence, HIV/AIDS, violence against women, and gender-related health disparities for women. SAMHSA will engage in more cross-training on a trauma-informed approach vis-à-vis HIV/AIDS and substance abuse treatment, and the agency plans to work to articulate its understanding of trauma in the contexts of community violence, prevention, and responsiveness.

ACWS Discussion

Dr. Warshaw, who serves as Executive Director, Domestic Violence and Mental Health Policy Initiative, and Director, National Center on Domestic Violence, Trauma and Mental Health, led the discussion. Ms. Starleen Scott-Robbins inquired about a publication date for the trauma concept paper, and Dr. Campbell inquired about its content. No publication date had been set, but Ms. Blake invited members to access SAMHSA's website to see the draft paper for public comment as well as the public comments.

Dr. Warshaw stated that ongoing trauma in the context of interpersonal or domestic violence must be factored into integrated trauma-informed approaches. Perpetrators of traumas often use mental health and substance abuse coercion to control and undermine their partners. She urged SAMHSA to promote culturally appropriate, trauma-informed approaches and to address both individual and collective trauma. In trauma-informed, evidence-based treatment, it is necessary to determine appropriate types of healing for people still under siege; few evidence-based tools support healing, recovery, and resilience where healing is part of the relationship. It is necessary to think about how to tailor healing approaches to individuals' individual, changing circumstances; how to access other research methodologies when things change and the sample is small; and types of modeling and other techniques that can allow tailoring interventions in complex situations. Training is needed on how to screen, assess, and do brief interventions for safety, privacy, and confidentiality; how to write a record if a court may be involved; and how to address immediate safety issues when considering a treatment plan. Dr. Warshaw suggested that SAMHSA help facilitate a planned collaboration with mental health and substance use treatment providers and state officials, including people who identify as survivors, to support trauma initiatives underway in states' domestic violence programs. Dr. Warshaw endorsed cross-training for peer support specialists who might provide supports for women in domestic violence shelters; people in recovery centers would be able to learn about domestic violence and provide supports and services, as well as referrals, to other systems.

Dr. Briscoe noted the importance of implementing policies that support safe environments. Ms. Blake responded that SAMHSA's work to reduce seclusion and restraint acknowledged the trauma inherent in those practices. Dr. Warshaw stated that reflective supervision enables providers to understand their own responses and to respond in ways that do not harm others or self, thus offering considerable potential for prevention. She added that social justice is a central piece of addressing trauma.

Ms. Wiseman discussed the complex dynamics of abusive relationships between girls and the need to acknowledge that complexity. Dr. Stephanie Covington soon will publish a new manual for incarcerated women with experience of abuse and violence. Dr. Warshaw echoed the need to learn more about girls' perpetration of violence. She commended the work on trauma initiated by SAMHSA and its federal partners, which has enjoyed positive ripple effects.

Disparities for Women in the Criminal Justice System

Dr. Brenda Smith, Professor of Law, Washington College of Law, American University, directs the Project on Addressing Prison Rape and co-directs the Community and Economic Development Law Clinic. She defined the *punitive state* as state involvement in punishment, manifested by laws, sanctions, benefits, and stigma. When a particular community has a large involvement in the criminal justice system, stigma declines, making it difficult to talk about prevention. Tension always exists between incentives and punishment.

Dr. Smith explained that 7.1 million people in 2010 were under custodial supervision, including prison, parole, and probation. One in 33 adults were under correctional supervision; six times more black men than white men and three times more African American than white women were under correctional supervision. Admissions are declining at state prisons and rising at federal prisons. In 2010 half of federal inmates served time for drug offenses, 35% for public-order offenses, and less than 10% each for violent and property offenses. Of people under correctional supervision, 1.5 million are in prison facilities. Dr. Smith described large racial disparities in incarceration for both men and women. Many people who are incarcerated have significant past histories of physical and sexual abuse, high rates of mental illness, and substance abuse histories. A large number of women are parents and primary caretakers, and they experience much higher unemployment. When men are imprisoned, 85% of their children are taken care of by mothers; about 20% of the children of incarcerated women are taken care of by fathers—a secondary impact of imprisonment.

Punitive consequences of incarceration for adults include loss of liberty, loss of child custody, exclusion from employment and public housing, and others. Consequences for youth include disclosure in legal and social records, access to schools, adult sentencing for youth, and others. Incarceration also impacts on families, resulting in the absence of men of color in communities and increased difficulty for women to negotiate for safer sex practices, and instability of care for children and older people. Impacts on community include fragility, lack of representation due to lack of the vote, and trauma.

Ms. Maureen Bruell, Correctional Program Specialist, National Institute of Justice (NIJ), directs the Justice-Involved Women Offender Initiative. Ms. Bruell explained that criminal justice policy has developed around men and is applied to women. Recent studies looked at factors that appear to impact how people become involved in the criminal justice system, what happens to them within the system, and then what happens when they transition out. These tools have helped to professionalize the corrections field. No large empirical studies have been done on female offenders, so though gender-neutral research has had a positive impact on work with women, it does not attend specifically to women's risk, including such issues as the experience of trauma, child care, transportation, low self-efficacy, parenting, healthy relationships, and realistic employment. For example, if women can access treatment and childcare, some parenting issues are solved, but when institutionalized women have children whom they cannot see because of termination of parental rights, their stability is at risk.

Recognizing the need for gender-responsive correctional practices, NIC has developed assessment classification tools built by women and normed and validated by women. Trauma, parenting, and relationships play out differently for women than men and each can contribute to pathways into criminal justice. Many smaller, qualitative studies show consistency in reasons why women enter the criminal

justice system, notably childhood trauma and sexual abuse, and later substance use to mask the trauma. Women must be held accountable for their behavior, but tools developed and validated for women can help to sharpen practice with this population and inform resources development to improve outcomes.

Ms. Buell explained that the women's risk need tool has an element to account for the context of women being coerced into using or who are caught with drugs. Women may use substances to keep a relationship together. She stated that there is a qualitative difference in the tenor of crime between men and women. Women commit lethal violence planfully, a more serious offense, while men have a wider array of tools to control others.

Gender-neutral risk factors, such as criminal history, antisocial attitude, employment challenges, and mental illness, apply to women offenders as well as to men, but much sharper information can be elicited by considering such gender-responsive information as depression symptoms, child abuse, relationship conflict, and parental stress. Because a high-risk woman in prison looks like a medium-risk man, this information has system costs as well as family implications for incarcerated women. Women held at higher levels of risk lack access to reentry planning, for example. Dr. Warshaw remarked that Stephanie Covington has determined that the supports incarcerated women need for reentry are the same as those they needed before they entered the criminal justice system. Dr. Smith observed that trauma impacts on a woman's sense of efficacy; when women are victimized or abused as children, they become susceptible to abuse in other institutional settings, including treatment facilities.

Dr. Smith turned the conversation to the impact of the punitive state on the reentry process and legal clinics. She observed that community and economic development does not view people with criminal justice backgrounds as assets. She is considering strategies to create situations where they are viewed as assets, such as building economic enterprises that increase people's capacity, linking to the community with economic development, and addressing issues that represent barriers. Initial ideas include mobile pet grooming salons, food trucks, and urban farming or landscaping services.

Dr. Smith explained a shift in racial disparities identified in a recent report. The rate of incarceration of African American women is declining, while increases in admissions continue among Latina women and white women and men. White men are coming into the system due to lack of employment and to methamphetamines. She noted that in drug cases, women with lower culpability may have higher sentences than men when a woman believes a man's threats to her or her children, and she therefore does not implicate the man in plea bargaining.

ACWS Discussion

Dr. Yolanda Briscoe, Executive and Clinical Director, and Clinical Psychologist, Santa Fe Recovery Center, served as discussant. Dr. Briscoe noted that the war on drugs and new prison construction have led to increases in incarceration rates to keep prisons viable as business entities. She also asserted that disparities stem from discrimination, that the cycle of poverty continues, and that agencies do not collaborate to solve mutual problems. Ms. Wiseman noted the need to make young future leaders aware that racism and classism exist. Dr. Smith suggested the need for legal liability regarding sexual abuse for states and for treatment providers, and Dr. Warshaw suggested the need for medical board liability for loss of licensure.

Dr. Greenfield stated that issues related to pregnancy and childbearing create incentives to enter treatment and get clean, but punitive state laws impede treatment for pregnant or parenting women. She asserted the need to put into practice the existing body of evidence on drug courts. Ms. Bruell responded that trauma-informed approaches are beginning to find a foothold in criminal justice settings, and that opportunities

exist to develop human capital in anticipation of reentry into the community. Dr. Smith suggested that the impetus has grown to focus on progressive activities as increasing numbers of white men enter prison.

Dr. Briscoe called attention to growing numbers of grandmothers raising children, thus highlighting the intergenerational impacts of trauma. Dr. Greenfield noted the need for state legislation to fund and mandate participation in drug court systems for certain offenses. She pointed out that separating mothers from their children for treatable drug abuse has social and financial consequences for family members in later years. Ms. Linda White-Young, Center for Substance Abuse Treatment, noted the need for creative approaches to address employment for women in corrections systems. Ms. Andrea Anger, SAMHSA intern, suggested taking a geopolitical approach to understanding the reasons for incarceration of women.

Public Comment

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

Closing Remarks

Dr. Campbell recommended reviewing the August 2012 meeting minutes for suggestions for future agenda items. Dr. Greenfield suggested using committee members' expertise in preparing "homework assignments" useful to SAMHSA. Dr. Briscoe suggested addressing issues of the aging population at a future meeting. Ms. Amatetti noted that members of the Women's Coordinating Committee can speak on aging and other issues. Ms. Bergan expressed interest in a presentation on teenage parents. Dr. Briscoe cited the educational value of ACWS members serving as moderators on topics previously unfamiliar to them.

Ms. Wood stated that the next ACWS and SAMHSA Joint National Advisory Council meetings will be held August 14–15, 2013, in Rockville, Maryland.

Adjournment

The meeting adjourned at 4:40 p.m.

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

07/15/2013
Date

/s/
Kana Enomoto
Chair, Associate Administrator for Women's Services
Principal Deputy Administrator

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

Attachments: Tab A – Roster of Members; Tab B – List of Attendees

Substance Abuse and Mental Health Services Administration TAB A

Advisory Committee for Women's Services

Public Roster

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Associate Administrator for Women's Services
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TAB B

ACWS Meeting – April 10, 2013
List of Attendees

0 Non-SAMHSA Federal Attendees

11 Public Attendees representing 10 Constituent Organizations

Maureen Buell	National Institute of Corrections
Brenda Smith	Yale
Wanda Camper	Afya
Carlene Cardosi	Rosecrance
Callie Gass	Northrop Grumman
Jill Hensley	Northrup Grumman
Shelley Kowalczyk	Nayatech
Jewell Oates	Ceba
Erica Snyder	National Center For Child Traumatic Stress
Belinda Spinosi	Citizen with Depression
Jamie Weinstein	MayaTech Corp