

**U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration (SAMHSA)**

Minutes of the

SAMHSA Advisory Committee for Women's Services (ACWS) Meeting

April 15, 2015

**SAMHSA Headquarters
Rockville, Maryland**

Committee Members Present:

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

Committee Members Absent

Hendree Jones, Ph.D.
Brenda V. Smith, J.D.

SAMHSA Leadership:

Pamela S. Hyde, J.D., Administrator, Substance Abuse and Mental Health Service Administration (SAMHSA)

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

Sharon Amatetti, Women's Issues Coordinator, SAMHSA

Nadine Benton, M.B.A., Acting Designated Federal Official, SAMHSA ACWS

Presenters:

Sharon Amatetti, Women's Issues Coordinator, SAMHSA

Mary Blake, Public Health Advisor, Center for Mental Health Services (CMHS), SAMHSA

John Campbell, M.A., Chief, Performance Partnership Grant Branch, Center for Substance Abuse Treatment (CSAT), SAMHSA

June Crenshaw, Board Member, D.C. Mayor's Gay Lesbian Bisexual Transgender (GLBT) Advisory Board, and Chair, Board of Directors, Rainbow Response Coalition

Shelly Greenfield, M.D., M.P.H., ACWS Member

Andrea Kopstein, Ph.D., M.P.H., Director, Division of Systems Improvement, SAMHSA

Jeannette Pai-Espinosa, M.Ed.

Carole Warshaw, M.D., ACWS Member

Call to Order

Ms. Benton called the meeting of SAMHSA's ACWS to order on April 15, 2015, at 9:10 a.m. (EST).

Welcome and Introductions, Approval of Minutes, and Budget Review

- Ms. Enomoto welcomed participants to the meeting, and the ACWS members and SAMHSA staff introduced themselves. Dr. Lustig, Dr. Jones, Ms. Fineday, and Ms. Nerad were mentioned as the newest members of the ACWS.
- ACWS members unanimously approved the minutes of the ACWS meetings held on April 2, 2014, and on August 26, 2014.
- Ms. Enomoto reported on SAMHSA's fiscal year (FY) 2015 budget and described aspects of the agency's budget request for FY 2016.

SAMHSA Staff Updates

Presenters: Sharon Amatetti, John Campbell and Mary Blake

- Ms. Amatetti stated that SAMHSA's Women's Coordinating Committee meets monthly to share information across SAMHSA's Centers and to collaborate on projects related to women's issues.
- Mr. Campbell reported that the women's set-aside in SAMHSA's Substance Abuse Block Grant will have increased reporting requirements, and that SAMHSA will offer technical assistance to states.
- Ms. Blake highlighted key aspects of SAMHSA's work with its federal partners, including the Department of Health and Human Services, the White House, the Department of Homeland Security, and other agencies. SAMHSA recently shared its expertise with its partners on the intersection of HIV/AIDS, violence against women, and gender-related health disparities; trauma-informed approaches; and detention of women, girls, and children. SAMHSA founded and co-chairs the Women and Trauma Federal Partners Committee, and currently conducts training for its federal partners on its concept of a trauma guidance document.

Impact of Intimate Partner Violence on Lesbian, Bisexual, and Transgender Women Communities

Presenter: June Crenshaw

Discussant: Dr. Carole Warshaw

- Ms. Crenshaw presented an overview of the unique impact on lesbian, bisexual, and transgender women of intimate partner violence (IPV), a significant problem in this population that is largely unrecognized and hidden from view. Victims often choose to remain silent due to negative attitudes and prejudice, shame, and lack of support from family, friends, or the community. Ms. Crenshaw emphasized the need for a coordinated response to IPV with a trauma-informed

approach and culturally specific services and supports to these underserved and marginalized communities.

- Dr. Warsaw invited discussion on the presentation, and members commented on the role of trauma in IPV, responsiveness of behavioral health providers and other systems, importance of providing culturally competent services in safe and welcoming settings, need for greater understanding regarding identification of the primary aggressor, prevalence of substance abuse in the LGBTQ community, and the need for community outreach and organization. Ms. Crenshaw observed that grassroots advocacy organizations need support to enable them to have maximum impact in communities.
- Mr. Elliott Kennedy, a member of SAMHSA's Sexual and Gender Minority Working Group, pointed out SAMHSA's interest in incorporating in its National Survey on Drug Use and Health (NSDUH) questions related to the experiences of LGBTQ individuals. Ms. Crenshaw stated that the D.C. Mayor's Office on LGBT Affairs plans to publish a preliminary report of its survey of the transgender population, and that a D.C. grassroots organization works specifically with LGBT youth.

ACWS Future Priorities: Conversation with the Administrator

Facilitator: Pamela Hyde

- In response to Ms. Hyde's invitation, ACWS members offered advice to SAMHSA on a wide range of issues, including the need to reframe approaches to behavioral health treatment in the context of recovery and moving toward science-based, trauma-informed, patient-centered care; the need to identify financing models that reflect the ideal of self-managed recovery as a goal; the advisability of contextualizing trauma by focusing on "what happened to me"; and to recognize the nuances inherent in trauma, including protective factors, supports, and contexts.
- Members expressed concern about the unavailability of Medicare coverage for individuals in residential substance abuse treatment facilities. Ms. Hyde responded that SAMHSA is working with the Centers for Medicare and Medicaid Services to address parity issues. Members suggested that SAMHSA frame trauma in terms of its public health impact as well as in the context of emerging brain science and trauma's genetic impacts. They suggested strategies to convey SAMHSA's messages to the field to counter misinformation and to communicate more effectively in promoting mental health as part of general health. Members also expressed interest in SAMHSA's upcoming pilot demonstration of community behavior health clinics.

Supporting Women in Co-ed Settings: Core Competencies, Practices, and Strategies

Presenters: Sharon Amatetti and Dr. Shelly Greenfield

Discussant: Karen Mooney

- In introducing the topic of substance abuse treatment for women in co-educational settings, Ms. Mooney stated that SAMHSA is developing guidance for providing gender-specific services to women in mixed treatment programs. The document aims to translate principles and lessons learned over decades of SAMHSA's work developing high-quality treatment in women-only programs.

- Ms. Amatetti presented an overview of SAMHSA's draft document, including details about its developmental process, the overarching principles of gender differences (i.e., addressing women's unique needs and experiences, gender dynamics, trauma, health, mental health, and relationships), and the treatment practices and strategies it offers. In addition, the co-ed guidance document offers a self-scoring self-assessment tool for use by treatment programs to gauge their gender responsiveness.
- Dr. Greenfield described the science that undergirds the guidance document. For example, participants in all-women's group therapy have the opportunity to discuss experiences critical to their recovery but unlikely to be discussed in mixed settings; staff training and clinical supervision facilitate gender-responsive treatment; and addressing women's health through education and referrals is important. The presenters noted that women have more co-occurring mental health issues than men, and that risk for mental illness is higher among those with substance use disorders, that mental health disorders can be a barrier to accessing treatment, and that women with substance use disorders, tend to become more physically ill.
- The guidance document delineates a number of practices and strategies to operationalize the principles it sets forth. Dr. Greenfield observed that co-ed programs need to implement strategies such as all-women's groups with female counselors, groups with the highest proportion of women possible, and female counselors who are able to meet one-on-one with women outside of the groups to provide additional time to address issues.
- Led by Ms. Mooney, discussion by ACWS members touched on the criticality of trauma-informed approaches to women's recovery and to ensure physical and psychological safety for both women and men in mixed settings. They also discussed the core competencies that should be required of staff who work with women. Dr. Greenfield noted that the availability of specialty, all-women programs sometimes makes it more likely that general community programs place a lower priority on treating women in a gender-responsive atmosphere.

Pregnant and Post-Partum Women (PPW) Grant Program: Future Direction

Presenter: Dr. Andrea Kopstein

Discussant: Sharon Amatetti

- In this combined session of the ACWS and the CSAT National Advisory Council (CSAT NAC), Dr. Kopstein presented an overview of SAMHSA's congressionally-mandated PPW Program, noting that the program offers comprehensive, integrated, gender-specific, trauma-informed services for individuals and families. Expected outcomes include improved physical and mental health, healthy pregnancies and good birth outcomes, improved parenting skills and family functioning, and family reunification, along with decreased involvement in crime, violence, and neglect. Since its inception in 1993, the PPW program has served 7,500 women, and SAMHSA now plans to transfer more broadly the knowledge acquired to date.
- Dr. Kopstein enumerated aspects of SAMHSA's future vision for the program, a family-centered model that expands use of evidence-based practices, and identified steps to achieve the goal. In preparation for the anticipated FY 2017 PPW request for applications, SAMHSA will gather

input on states' concepts of an ideal family-centered approach; establish a Center of Excellence for Pregnant and Postpartum Women; host a policy academy to develop a blueprint for adopting this approach at the state, territory, and tribal level; and develop new and/or strengthen existing partnerships.

- In a conversation led by Ms. Amatetti, participants discussed PPW programs' financing and sustainability; need for endorsement of models by SAMHSA's National Registry of Evidence-Based Programs and Practices; need for data to build the business case for financing local PPW programs; collaboration among PPW sites and residential child welfare and juvenile justice sites; philanthropic funding to support filling data gaps; and shortages of credentialed workers in both mental health and substance use treatment. Participants also suggested changes to the current model to require a more robust connection to primary health and to reflect addiction as a relapsing condition.

Marginalized Girls and Young Women: A Snapshot

Presenter: Jeanette Pai-Espinosa

Discussant: Rosalind Wiseman

- Ms. Pai-Espinosa reported on the use of the Adverse Childhood Experiences (ACE) survey undertaken by agencies of the National Crittenton Foundation. The foundation's clientele are young people with experience with juvenile justice, child welfare, substance abuse, mental health, and other systems. Of the 916 girls in Crittenton programs who recently completed ACE surveys, which scores one point for each of 10 serious adverse events experienced in childhood, 53 percent had experienced four or more events, 42 percent had experienced five or more, and three percent had a score of 10. Girls who had been referred to the agencies by juvenile justice systems reported higher scores. Young women who have used the Crittenton Foundation's residential programs attribute their healing and thriving to the facilities' home-like environment, high expectations, calmness, warmth, acceptance, and caring people. They highlighted the importance of placing the emphasis for programs for marginalized girls and young women on a specific set of core values and culture: patience, focus on relationships, staff training and technical assistance, transition to trauma-informed and gender-responsive approaches, shifting the culture from control to collaboration, and clear expectations of staff.
- Ms. Pai-Espinosa described a longitudinal study underway that involves the ACE survey and explores the impacts of adverse experiences beyond the family environment, such as bullying, exposure to war, and human trafficking. Early data show a clear differentiation between the impact of the latter experiences and that of internal childhood experiences.
- Ms. Pai-Espinosa described several efforts on self-empowerment, self-advocacy, leadership, and civic engagement undertaken by girls who have been involved with Crittenton agencies.
- Ms. Wiseman led a discussion of strategies to help young women build resilience and self-reliance. ACWS members suggested that child welfare and juvenile justice systems collaborate in efforts to reduce instances of young women of transition age entering the adult system. Dr. Warshaw cited findings by Dr. Stephanie Covington that the wraparound services needed by incarcerated women returning to the community are the same services that, had they been

available, would have kept the women out of prison in the first place. Members observed that states might consider opportunities offered by the changing health care landscape to take steps to change the trajectory of young people's lives. They also expressed concern over the widespread use of sensitive surveys in uncontrolled situations in schools and in health care and other settings.

Review and Discussion of Joint National Advisory Council Questions

Facilitator: Kana Enomoto

- Ms. Enomoto explained that SAMHSA pays for just five percent of all addiction treatment provided in the United States, and even less than that for mental health services. Nevertheless, in the new health care environment, SAMHSA is expanding its role in advancing behavioral health for the nation. She discussed SAMHSA's role in the provision of treatment for behavioral health disorders going forward, the types of investments that might best leverage SAMHSA's limited resources, and strategies by which SAMHSA might best influence the culture and gender specific provision of treatment services.
- ACWS members offered suggestions for SAMHSA's role in providing broader education of providers on medication-assisted treatment for substance abuse; addressing the enforcement of parity laws; influencing revisions to 42 Code of Federal Regulations Part 2; forging strong partnerships with physicians, judges, and other professional groups, including judicial and educational institutions; cross-training medical and allied professionals on the range of modalities to treat mental illness and substance abuse; engaging communities to help them leverage their own resources; developing gender-responsive, gender-sensitive, trauma-informed provider education materials; and working to remove obstacles to providing gender-specific/trauma-informed care.

Public Comment

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

Adjournment

Ms. Enomoto adjourned the meeting at 4:58 p.m. (EST).

Certification

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

JUL 6 2015

Date

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