

**Department of Health and Human Services
Substance Abuse and Mental Health Services Administration (SAMHSA)
Advisory Committee for Women's Services (ACWS)**

Minutes

**August 26, 2015
Rockville, Maryland**

Committee Members Present:

Anita Fineday, J.D., M.P.A.
Hendree Jones, Ph.D.
Dan Lustig, Psy.D.
Karen Mooney, M.S.W., L.C.S.W. (via telephone)
Sarah Nerad (via telephone)
Jeanette Pai-Espinosa, M.Ed. (via telephone)
Carole Warshaw, M.D.

Committee Members Absent:

Shelly F. Greenfield, M.D., M.P.H.
Brenda V. Smith, J.D.
Rosalind Wiseman, M.A.

SAMHSA Leadership:

Kana Enomoto, M.A., Acting Administrator, SAMHSA
Sharon Amatetti, M.P.H., Women's Issues Coordinator, SAMHSA
Nadine Benton, M.B.A., Designated Federal Official, SAMHSA/ACWS

Presenters:

Jon Dunbar-Cooper, M.A., C.P.P., Center for Substance Abuse Prevention, SAMHSA
Jen Oppenheim, Psy.D., Public Health Analyst, Center for Mental Health Services, SAMHSA
Danielle Johnson, Acting Director, Division of System Improvement, SAMHSA
Roslyn Holliday Moore, Public Health Analyst, Office of Policy, Planning, and Innovation,
SAMHSA
Linda White Young, Public Health Advisor and Government Project Officer, Center for
Substance Abuse Treatment, SAMHSA

Call to Order

Ms. Benton called the meeting of SAMHSA's ACWS to order on August 26, 2015, at 1:25 p.m. (EST).

Welcome and Introductions

- Ms. Amatetti 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 April 15, 2015.
- Ms. Amatetti reported on recent legislative activity with potential implications for women's behavioral health.

Staff Updates from ACWS and the SAMHSA Women's Coordinating Committee Members

Presenters: Mr. Dunbar-Cooper, Dr. Oppenheim, and Ms. Amatetti

- Mr. Dunbar-Cooper reported on recent SAMHSA activities regarding fetal alcohol spectrum disorders (FASD), including new postings to the website of SAMHSA's FASD Center of Excellence (CoE). He pointed out that the Interagency Coordinating Committee on FASD, of which SAMHSA is a member, is addressing development of a screening tool to identify multiple drug use.
- Dr. Oppenheim discussed SAMHSA's new National Center of Excellence (CoE) for Infant and Early Childhood Mental Health Consultation, which was established in partnership with the Health Resources and Services Administration and the Administration for Children Youth and Families (ACYF). This CoE will focus on infusing mental health consultation into early childhood settings, particularly early care, primary care, and home visiting efforts. The CoE will develop and disseminate a toolkit on best practices, and provide training and technical assistance to states and tribes.
- b Ms. Amatetti highlighted other recent developments at SAMHSA, including completion of "Women Matter!," a webinar series on women's addiction and recovery; a special Leadership Institute for state women's addiction services coordinators; development of gender-specific treatment for women and adolescent girls, and of a guide to manage opioid dependence for pregnant and parenting women and their children; and technical assistance to strengthen states and local jurisdictions' ability to improve services for substance-exposed infants and mothers.

Program Supplement for Addiction Technology Transfer Centers: CoE on Behavioral Health for Pregnant and Postpartum Women and their Families

Presenter: Ms. Johnson, Ms. White Young

Discussant: Dr. Lustig, ACWS Member

- b Ms. Johnson described a new two-year program, the Addiction Technology Transfer Center (ATTC) CoE on Behavioral Health for Pregnant and Postpartum Women (PPW) and their Families. This ATTC CoE will develop a training curriculum/toolkit to implement the PPW family-centered approach and provide training and technical assistance. A contractor will evaluate family-centered approaches across the country that

focus on intensive outpatient treatment and outpatient treatment with supportive housing components. Ms. White Young explained that the project, based on an analysis of lessons learned from the 23-year-old PPW program, aims to compile information and develop workforce strategies to implement family-centered treatment.

- Ms. Amatetti invited comments on content to include in the ATTC CoE materials. ACWS members advised SAMHSA to ask PPW programs to generate, analyze, and use their own cost and outcome data, and they recommended that SAMHSA educate states on how to use block grant dollars to expand women's services that are incorporated into the PPW program.
- Members suggested resources to inform the CoE's work, including SAMHSA's "Family-Centered Treatment for Women with Substance Use Disorders: History, Key Elements, and Challenges;" the National Association of State Alcohol and Drug Abuse Directors women's treatment development standards; and (updated) information on funding family-centered services. Dr. Lustig recommended that SAMHSA join with such federal partners as ACF to demonstrate the positive role that fathers may play in improving children's outcomes.
- In a discussion of technology transfer, ACWS members observed the need for broader public awareness of the PPW program, particularly among policy makers, to generate demand and create sustainability for funding such programs. Members suggested seeking insight from the National Institute on Drug Abuse on cost data and enlisting economists to inform the process, addressing strategies for eliciting state-level buy-in using successful grantees' lessons learned; training leaders of managed care organizations on the positive outcomes of longer stays in residential treatment programs; educating bipartisan health-policy organizations on strategies that make a difference in the lives of children; placing articles in the national mainstream media to influence policy; engaging champions with personal experience; and using infographics to communicate ideas.

ACWS Future Priorities: A Conversation with the Acting Administrator

Presenter: Ms. Enomoto

- Ms. Enomoto announced the resignation of Pam Hyde as SAMHSA Administrator, described her own professional credentials and experience, and assured ACWS members that SAMHSA will continue on its current trajectory, guided by its strategic plan, but with the understanding that resources remain inadequate to address all of the needs of the agency's target populations.
- Ms. Enomoto invited ACWS members' suggestions on ways to elevate the conversation on prevention, leverage SAMHSA's expertise, and define SAMHSA's role in emergencies/crises. Members urged SAMHSA, for example, to take the initiative in shaping the discourse on defining public mental health, focus on prevention of neonatal abstinence syndrome, break down silos in the provision of mental health services and supports to all members of a family, and advocate for inclusion of reproductive health education in treatment programs.

- _ Ms. Amatetti observed that the PPW CoE could possibly develop new reproductive health education materials, and Dr. Warshaw suggested incorporating a module on coercion related to sex and substance use. She also noted that work is underway on strategies to enable the Americans with Disabilities Act to support assistance to parenting women. Ms. Enomoto noted the need to incorporate HIV services, primary care services, and substance use prevention into treatment settings.

Pathways for Addressing Behavioral Health Disparities Experienced by Women and Girls

Presenter: Ms. Holliday Moore

Discussant: Ms. Amatetti

- _ Ms. Holliday Moore presented an overview of SAMHSA's new Disparity Impact Strategy, devised to improve the agency's approach to serving diverse populations and examine policy and practice data to ensure that the most vulnerable populations receive highest priority in SAMHSA's programs. The strategy focuses on maximizing access, best use of services, and reaching desired outcomes, and it emphasizes a shift from merely monitoring and managing to significant expansion and sustainability of successful programs and approaches. The data-driven strategy calls for SAMHSA to monitor program impacts at every critical benchmark and for grantees and SAMHSA staff to consider and implement necessary adjustments. SAMHSA also has aligned its Disparity Impact Strategy with National Culturally and Linguistically Appropriate Services standards. Virtually all of SAMHSA's grantees must submit a disparity impact statement that delineates the needs of the target populations; provides detailed data on participants' access and use of services; and incorporates a specific plan demonstrating cultural and linguistic competence.
- _ Ms. Holliday Moore cited examples of the strategy's positive impacts on outcomes, including unprecedented engagement in prevention services by non-English-speaking Russian immigrants with severe mental illnesses; increased health literacy and access to a community health nurse among female participants in an offender re-entry program (whose site members had visited earlier in the day); and highly specific management of PPW grantees to ensure that all aspects of their structure and programming align with participants' needs. Ms. Holliday Moore explained that SAMHSA also has worked to ensure that the agency's funding practices echo the focus on health disparities.
- _ ACWS members responded to Ms. Amatetti's invitation for comment, posing such topics as need for coordination among community partners to align with updates to grantees' disparity impact statements; community organizing to create safe, supportive spaces; flexibility to develop culturally resonant programs; nontraditional training and supports for program staff; and the need for readiness, incentives, and accountability to enable grantees to shift away from business-as-usual practices and measures.

Public Comment

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

Certification

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

11/4/15

Date



Kana Enomoto
Chair, Associate Administrator for Women's Services
Acting Administrator

Minutes will be considered formally by SAMHSA's ACWS at its next meeting, and any corrections or notations will be incorporated into the minutes of that meeting.