

**Department of Health and Human Services
Substance Abuse and Mental Health Service Administration
Advisory Committee for Women's Services
February 14, 2018
Rockville, Maryland
Minutes**

Committee Members Present:

Miriam Delphin-Rittmon, Ph.D.
Anita Fineday, J.D., M.P.A.
Sparky Harlan, M.A.
Kathryn Icenhower, Ph.D.
Hendree Jones, Ph.D.
Courtney Lovell
Dan Lustig, Psy.D.
Jeanette Pai-Espinosa, M.Ed.
Carole Warshaw, M.D.

Committee Members Absent:

Brenda V. Smith, J.D.

SAMHSA Leadership:

Elinore F. McCance-Katz, M.D., Ph.D.,
Assistant Secretary for Mental Health &
Substance Use
Mary Fleming, M.S., Associate Administrator
for Women's Services

Valerie Kolick, M.A., Acting Designated
Federal Official
Shannon Taitt, M.P.A., Women's Issues
Coordinator

SAMHSA Staff:

Cathy Crowley, M.A., Center for Mental Health
Services (CMHS)
Michelle Daly, M.S.W., Center for Substance
Abuse Treatment (CSAT)
Karen Gentile, J.D., LCSW-C, CMHS
Kim Harris, LCSW, CMHS
Margaret Mattson, Ph.D., Center for Behavioral
Health Statistics and Quality (CBHSQ)
Jennie Simpson, Ph.D., Office of Planning,
Policy and Innovation

Facilitator

Deb Werner, M.A., PMP, Advocates for Human
Potential

Call to Order

Ms. Kolick, Acting Designated Federal Officer, called the meeting of SAMHSA's ACWS to order on February 14, 2018 at 9:04 a.m.

Welcome and Introductions

- Ms. Fleming welcomed participants to the meeting, and introduced new ACWS members Courtney Lovell and Miriam Delphin-Rittmon, Ph.D. ACWS members and SAMHSA staff introduced themselves.
- ACWS members unanimously approved the minutes of the ACWS meeting held on August 10, 2017.
- Ms. Fleming provided updates on operational changes at SAMHSA, including staff changes and a new focus on the development of technical assistance (TA) and products that target the broader mental health and substance use field, rather than just SAMHSA grantees. She also reviewed the President's Fiscal Year 2019 budget that includes substantial increases for many SAMHSA initiatives. In response to a question, Ms. Fleming explained that the contract for the National

Registry of Evidence-based Programs and Practices (NREPP) has been terminated because a review established that many of the programs and practices included within it were not, in fact, evidence-based. The new National Mental Health and Substance Use Policy Laboratory is developing an evidence-based resource center page on the SAMHSA website. The NREPP site remains available; although no new programs/practices are being added.

- The decision was made at the August, 2017 meeting to address three issues the members felt were particularly critical for women now and in the foreseeable future. Those issues were related to women experiencing homelessness who also have behavioral health needs; women in the criminal justice system; and the needs of American Indian/Alaskan Native women. Issue briefs were developed for the first two areas (the third was deferred until the August, 2018 meeting) and sent ahead for review by the committee members. The discussion that followed each small group's report will provide input to SAMHSA's Women's Coordinating Committee about what SAMHSA should be doing, alone or in collaboration with other agencies, to address the needs of women in these three areas.

Assessing SAMHSA's Current Strategies Related to Women Experiencing Homelessness with Behavioral Health Needs

Facilitator: Deb Werner, Advocates for Human Potential (AHP) & Shannon Taitt (SAMHSA/CSAT)

- Ms. Werner and Ms. Taitt facilitated a discussion about the behavioral health needs of women experiencing homelessness. The facilitators divided ACWS members into three small groups to 1) profile the journeys of individual women with behavioral health needs who experienced homelessness, the interventions they encountered, and if those services met their needs; and 2) list known facts about homeless women's behavioral health needs, as well as upcoming policy changes that impact the issue(s).

- Several ideas emerged from the discussion and are listed below, ranked by the number of votes ACWS members gave to each one (in parentheses). It should be noted, however, that the SAMHSA staff recognizes the limitations in the agency's ability to address some of these topics from either a policy perspective and/or a capacity issue. However, it is helpful in understanding what some of the leaders in the field see as key issues in these areas.
 - Use peers to link homeless women with behavioral needs to services and support (6)
 - Focus on a multi-generational approach (5)
 - Do a deep dive on improving access to care (5)
 - Withdraw funding from any state that criminalizes mental health or substance use disorders (4)
 - Develop guidance document on competencies and regulation of sober homes for states' and other programs' education (4)
 - Improve access to treatment for children and adolescents (4)
 - Be more creative about addressing system gaps in the continuum of care, e.g., more funding flexibility (3)
 - Integrate telemedicine use into homeless care (3)
 - Fund models that include housing (i.e., sober housing with services) (3)
 - Use a family system model (3)

- Each of the following ideas received one vote: Focus on younger women; integrate programs with the Departments of Housing and Urban Development (HUD), Justice, etc. to provide holistic care; provide early support to children; and help residential facilities find ways to help women meet their financial needs to assure sustainability of recovery. The following ideas were also discussed, but did not receive any votes: Fund programs preventing women from going into the criminal justice and foster care systems, and truly using Recovery Oriented Systems of Care (ROSC); preview of child welfare involvement; support greater integration of mental health and substance use services; and consider the full continuum of care.

Assessing SAMHSA’s Current Strategies Related to Women in the Criminal Justice System

Facilitator: Deb Werner (AHP) & Shannon Taitt (SAMHSA/CSAT)

- Ms. Werner and Ms. Taitt facilitated a discussion with the ACWS around SAMHSA’s approaches to women with behavioral health needs who are in the criminal justice system by working with the ACWS as a whole, rather than in small groups. Again, ACWS members prioritized the emerging themes by voting for those they considered most important. It should be noted, however, that the SAMHSA staff recognizes the limitations in the agency’s ability to address some of these topics from either a policy perspective or capacity issue.
- The following ideas are ranked according to the number of votes cast by ACWS members:
 - Conditions in jail should be trauma-informed (10)
 - Develop a discussion paper on safe consumption spaces (7)
 - Integrate child welfare and criminal justice systems to meet family needs (6)
 - Support wraparound services in incarcerated settings and after-care (6)
 - Expand the Administration on Children and Families (ACF)’s Fatherhood Programs (5)
 - Establish diversion programs offering family-centered treatment or provide training to current programs in family-centered treatment (4)
 - At point of re-entry, examining the “health” of going back home/consider home in an alternative community (3)
 - Provide guidance/policy academy on forensic peer support (2)
- Lower priority was given to developing a policy on a comprehensive continuum services (1 vote). No votes were cast for developing a guide for helping providers better support and serve women.

A Conversation with Dr. Elinore McCance-Katz, Assistant Secretary for Mental Health & Substance Use

- Dr. McCance-Katz described changes at SAMHSA that were created by the 21st Century Cures Act, including as the role of Assistant Secretary for Mental Health and Substance Use which raises the profile of mental health and substance use disorders within the Department of Health and Human Services (HHS) and other Federal agencies. It also established the new National Substance Use and Mental Health Policy Laboratory. The Cures Act mandated an Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC), a partnership between Federal agencies and public partners. Its December 2017 report included 45 recommendations that will help drive actions to improve services for people living with serious mental illnesses (SMI) and serious emotional disturbances (SEDs) and families and caregivers.

- SAMHSA is changing the way it delivers training and TA on behavioral health issues to the field, no longer simply focusing on its grantees. The new approach will include national centers on SMI and opioids, as well as specialty centers. SAMHSA has also expanded the scope of the 10 regional Addiction Technical Training Centers. The goal is to produce locally-based TA that meets the specific needs of each community.
- Dr. McCance-Katz responded to questions about issues that had been raised in the morning discussion, including a detailed explanation of why she terminated the NREPP contract. In response to a question about her position on safe injection rooms, Dr. McCance-Katz responded that she could not support strategies that help people engage in behaviors that are bad for them, particularly when staff cannot know the safety of the substances being injected.
- Other issues discussed included positive feedback on SAMHSA’s recent published *Clinical Guidance for Treating Parenting Women with Opioid Use Disorder and Their Infants*; the planned expansion of the Pregnant and Post-Partum Women (PPW) program; concerns about the need to get a larger supply of naloxone into medical centers at reduced prices; the challenge of getting family treatment services funded at the community level; the need for guidance on sober/recovery housing; ways to reduce the high rate of overdoses when individuals are released from jail or prison; ways to make opioid funding more responsive to state and community needs, to reduce health disparities in treatment, and to raise expectations that evidence-based practices be used in funded programs; workforce development issues, including the need to increase wages and to expand the number of providers; determining if language is needed in State Targeted Response to the Opioid Crisis (STR) grants to assure that they are not replacing funds at state alcohol and drug agencies that were previously in place; the impact of 1115 waivers and how various states are implementing them; and the need for different service models that allow the entire family to receive services.

Review of Recommendations from Strategy Sessions

- ACWS members reviewed the final set of recommendations from the strategy sessions on the behavioral health needs of homeless women and women in the criminal justice system.
- Ms. Kolick asked Dr. Warshaw to preview issues about the invisibility of American Indian/Native American (AI/NA) women in preparation for a “deep dive” into the topic at the August 2018 meeting. An overview document will be developed and distributed to ACWS members prior to the meeting. Dr. Warshaw identified several issues, including bias against Native American women; high rates of violence experienced by AI/NA women; the small number of service providers who can provide culturally-appropriate care; activism around pharmaceutical issues; and human trafficking. In addition, she talked about the collective legacy of historical trauma, which implies that recovery is collective and best approached holistically and via mobilization of the entire community. Other issues raised in discussion included high rates of depression and suicide among AI/NA women, as well as a lack of data to document many of these issues.

Public Comment

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

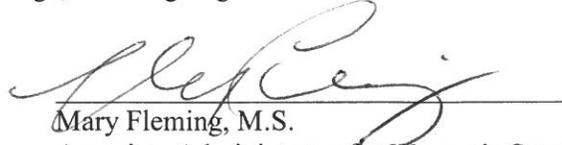
Closing Remarks/Adjourn

Ms. Fleming thanked everyone for their participation. She adjourned the meeting at 4:25 p.m.

Certification

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

April 13, 2014
Date



Mary Fleming, M.S.
Associate Administrator for Women's Services
SAMHSA

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