

**Department of Health and Human Services
Substance Abuse and Mental Health Service Administration
Advisory Committee for Women's Services
August 1, 2018
Rockville, Maryland
Minutes**

Committee Members Present:

Miriam Delphin-Rittmon, Ph.D.
Sparky Harlan, M.A.
Kathryn Icenhower, Ph.D.
Hendree Jones, Ph.D. (via telephone)
Cortney Lovell
Dan Lustig, Psy.D. (via telephone)
Carole Warshaw, M.D.

Committee Members Absent:

Jeanette Pai-Espinosa, M.Ed.
Brenda Smith, J.D.
Anita Fineday, J.D., M.P.A.

SAMHSA Leadership:

Anne M. Herron, M.S., Acting Director, Office
of Planning, Policy and Innovation (OPPI)
Valerie Kolick, M.A., Acting Designated
Federal Official
Shannon Taitt, M.P.A., Women's Issues
Coordinator

SAMHSA Staff:

Michelle Daly, M.S.W., Center for Substance
Abuse Treatment (CSAT)
Jennie Simpson, Ph.D., Office of Planning,
Policy and Innovation (OPPI)

Call to Order

Ms. Kolick, Acting Designated Federal Officer, called the meeting of SAMHSA's ACWS to order on August 1, 2018 at 9:11 a.m.

Welcome and Introductions

- Ms. Kolick expressed SAMHSA's appreciation for the contributions of retiring members Ms. Fineday, Dr. Jones, Ms. Pai-Espinosa, Ms. Smith, and Dr. Warshaw. ACWS members and SAMHSA staff introduced themselves.
- ACWS members unanimously approved the minutes of the ACWS meeting held on February 14, 2018.

Updates for New and Ongoing Projects Regarding Women Experiencing Homelessness and Women in the Criminal Justice System

Facilitator: Valerie Kolick, DFO/ACWS; Shannon Taitt, CSAT; Jennie Simpson, OPPI

Reporting on SAMHSA's response to ACWS recommendations about women in the criminal justice system, Dr. Simpson reported that SAMHSA will develop 2-3 action briefs on trauma-informed care during the next fiscal year, as well as publications on 2-3 other topics for which ACWS input is welcome. The new action briefs will incorporate and update the following SAMHSA publications: "The Special Needs of Women with Co-Occurring Disorders Diverted from the Criminal Justice System"; "Treating Women with Co-Occurring Disorders in the Justice System and Their Children"; "Diversion Programming"; "Integrating Treatment with CJ Sanctions for Women with Co-Occurring Disorders"; "Residential and Institutional Services"; "Visitation and Cohabitation Strategy"; "Addressing Histories of Trauma and Victimization through Treatment"; "Attachment and Reunification"; "Building Parental Skills"; "Services for Children of Incarcerated Mothers with Co-Occurring Disorders"; "Leaving Jail"; "Service Linkage & Community Re-Entry for Mothers with Co-Occurring Disorders"; "Strengthening

America's Families"; and "Programs That Work for Justice-Involved Women with Co-Occurring Disorders."

Council recommended that the action briefs address the needs of women in jail or prison facilities, as well as during re-entry; include guidance on practical issues of how to navigate the system in addition to trauma; and consider cultural issues for both the women themselves and the organizational climate of facilities.

In regard to homelessness, SAMHSA will meet with the Department of Housing and Urban Development (HUD) and the National Alliance to End Homelessness to identify gaps in the system of care for unsheltered populations. SAMHSA will report future actions about addressing the needs of women experiencing homelessness after that meeting. Council members urged SAMHSA to include other agencies with more expansive definitions of homelessness in their discussions because both HUD and the National Alliance use a narrow definition that excludes the under-housed; to consider the unintended consequences that arise in the interactions between systems, such as between housing and behavioral health; and to develop a discussion paper on safe consumption spaces for those experiencing homelessness, especially youth.

Overview of DREAMS Program (Determined, Resilience, Empowered, AIDS-free, Mentored, and Safe Women)

Facilitator: Chris O'Connell, SAMHSA, OPPI, PEPFAR Branch Chief

PEPFAR is the President's Emergency Plan for AIDS Relief (PEPFAR). DREAMS is a \$300 million public-private partnership that provides comprehensive AIDS services to young women in 15 countries, primarily southern and sub-Saharan Africa and Haiti. In these countries, 74 percent of the new HIV infections occur in young girls, often because of forced sex and violence against women. Among the core services offered through DREAMS are empowering young girls, strengthening families, mobilizing communities to change social norms, and reducing the HIV risk for men in order to break the cycle of transmission. Evaluation of the program reveals that DREAMS has reached over 2.5 million girls with comprehensive services and resulted in significant declines in new HIV diagnoses in young women, as well as in HIV prevalence rates overall. There have also been other positive outcomes, including increased school enrollment and decreased pregnancy rates. SAMHSA does not provide direct behavioral health services in DREAMS, but does identify informational and training needs of providers and then shares resources developed for domestic audiences. Local partners adapt these resources to meet the needs of their communities and then share them with other countries within the network. Council discussion emphasized the value of the community mobilization approach to generate social change.

Lessons Learned from Pilot Study on Women Transitioned Out of Prisons

Presenter: Michelle Hoersch, M.S., Office of Assistant Secretary of Health (OASH)/Regional Women's Health Coordinator Region V

Ms. Hoersch reported on a three-year pilot project funded by the Office of Women's Health to provide gender-responsive, trauma-informed care for women transitioning out of prison. More than 1 million adult women are incarcerated or on parole or probation, and their needs upon leaving prison are significantly different from men's due to family/child issues and stigma. In 2012-2015, three projects to support gender-responsive and trauma-informed enhancements to existing services were funded at the Institute for Health & Recovery, Boston, MA; College & Community Fellowship, New York, NY; and the Resonance Center for Women in Tulsa, OK. The lessons learned in these projects informed the development of "Helping Women Reenter: A Guide for Those Helping Women Transition After Incarceration," a publication that is awaiting approval. The goals of the publication were to provide information that can guide well-planned effective reentry programs; to build the capacity of existing

women's reentry program staff through an understanding of trauma-informed, gender-responsive care, services, and approaches; to provide tools, strategies, and resources designed specifically for women in prison or on probation or parole; and to help policy and program staff better understand the lives of incarcerated women in order to improve policy and programming. Critical reentry needs addressed in the document include housing, clothing and transportation; health and behavioral health care; domestic violence; family support and mother-child reunification; forms of identification and legal support; and income, employment and education. The document also covers addressing substance use disorders (SUDs); providing mental health and reproductive health care; helping women identify and cope with triggers; understanding and dealing with crime-related debt; building self-efficacy and empowerment; and the importance of trusting relationships and mentoring.

Council comments focused on the desire of many women to remain in prison, rather than face the serious issues that may confront them during reentry; the need for policies across agencies to provide comprehensive services before a woman is incarcerated; the effective and cost-efficient role that peer recovery coaches can provide during reentry, along with the ongoing need to educate drug courts and others about the role of the coach; the need for naloxone kits and access to medication-assisted treatment (MAT) at the time of release; the fact that some women spend long periods in solitary confinement, lacking access to services such as education, as a result of efforts to separate gang members from rival gangs; and the value of in-reach programs in which case managers or providers work in the prisons with inmates up to 18 months prior to their release to prepare them for reentry. Ms. Lovell pointed to the value of probation officers as coaches and noted a new resource, "Probation Officer as a Coach: Building a New Professional Identity," available at www.uscourts.gov.

ACWS members agreed to review the document prior to its publication to assure that content is comprehensive and up-to-date. Ms. Hoersch requested statements from ACWS members about the need for the document to facilitate the review process. Ms. Herron suggested that Council members include this document on their recommendations for products/resources that need to be developed, per SAMHSA's request. She pointed out that SAMHSA could forward these recommendations to other agencies to kindle interest in moving the approval process forward.

Mental Health and Substance Use Coercion Toolkit for Primary Care and Behavioral Health Providers

Presenter: Carole Warshaw, M.D., Director of the National Center on Domestic Violence, Trauma and Mental Health

Dr. Warshaw introduced a new product from the National Center on Domestic Violence, Trauma and Mental Health (NCDTMH) entitled "Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Setting." Data presented in the toolkit and Dr. Warshaw's presentation was drawn from a pair of surveys conducted in 2012 by the National Domestic Violence Hotline (NDVH), in consultation with the NCDVTMH. Intimate partner violence (IPV) is associated with higher risk for depression, anxiety, posttraumatic stress disorder, somatization, medical problems, suicide attempts, chronic pain, and substance use, including opioid use disorder (OUD). People who abuse their partners often engage in coercive tactics related to their partner's mental health or substance use as part of a broader pattern of abuse and control. These include efforts to intentionally undermine a partner's sanity or sobriety, interfere with their treatment, control their medication, sabotage their recovery, and discredit them with friends, family, helping professionals, and the courts. Stigma contributes to the effectiveness of these tactics, which undermine survivors' well-being and compromises the effectiveness of mental health and SUD treatment. The toolkit provides trauma-informed guidance on integrating questions about mental health and substance use coercion into routine mental health and substance use histories and into in-depth IPV assessments in primary care and behavioral health settings. It is intended for use in conjunction with

comprehensive guidance on trauma-informed approaches to screening, assessment, and brief intervention for IPV in healthcare, mental health, and substance abuse treatment settings.

Council discussed the need for more public discussion about the inclusion of sensitive information in the integrated health record or in other data systems that could place patients at risk; information about the content and methodology of the survey data; impact of coercion on coming into or staying in treatment; whether a service gap exists in the identification and engagement with abusive partners, including the potential risks involved; and the impact of coercion (abuser denying access to treatment medications) on the opioid epidemic.

Update on Legislative Proposals, STR Funds & SAMHSA Technical Assistance

Presenter: John N. Halter, J.D., SAMHSA, Legislative Analyst

Mr. Halter reviewed key pieces of legislation from the 115th Congress. The House has recently passed major opioid legislation, HR 6, the SUPPORT for Patients and Communities Act. It included a call for a Government Accountability Office (GAO) study on gaps in Medicaid coverage for pregnant and post-partum women (PPW) with substance use disorder and for an HHS/SAMHSA report on opioid prescribing practices for pregnant women. The bill also provides for peer support counseling for women veterans and calls on HHS to issue guidance to improve care for infants with neonatal abstinence syndrome. Although most of these provisions are likely to end up in the Senate version, SAMHSA anticipates that the overall Senate bill will be significantly different. The Senate may not have time to consider the bill before the November election.

On July 19, Assistant Secretary for Mental Health and Substance Abuse Elinore F. McCance-Katz, M.D., Ph.D., testified before the House Energy and Commerce Committee, Subcommittee on Health, on the implementation of the Cures Act. SAMHSA has received requests for briefings on the National Registry of Evidence-based Products and Practices (NREPP), evidence-based care, and Cures-related grant opportunities. It has also provided technical assistance on opioid legislation as multiple separate bills in the House became consolidated into HR 6. There have also been repeated hearings on SAMHSA's Cures Act implementation and opioids; the Comprehensive Addiction and Recovery Act (CARA) II; disaster response; opioids legislation; and suicide prevention.

Mr. Halter also provided an update on regulations. Under HR 6, 42 CFR Part 2 would be integrated with the Health Insurance Portability and Accountability (HIPAA) regulations and patients would lose current privacy protections. The Senate bill will most likely include more stringent protections. Regarding MAT, new federal regulations now allow physicians who have prescribed buprenorphine to 100 patients for at least one year to apply to increase their patient limits to 275.

Council discussion addressed the current status of a proposed Recovery Coach Act that would require emergency departments to hire recovery coaches as part of their opioid overdose response services and SAMHSA's role in developing guidance to the field on the Family First Prevention Services Act.

Overview of Tribal Grants

Presenter: Mirtha Beadle, SAMHSA/OTAP

Ms. Kolick noted that the remainder of the agenda is a deep dive into the invisibility of the Indian woman, an issue raised in previous ACWS meetings. Ms. Beadle, Director of the Office of Tribal Affairs and Policy (OTAP), expressed OTAP's interest in partnering with ACWS to advance the Council's recommendations. She noted that SAMHSA has a specific role in coordinating Indian Alcohol and Substance Abuse (IASA) with the Indian Health Service (IHS) and the Departments of Justice and

Interior under the Tribal Law and Order Act mandates. IASA provides a wider platform for promoting ACWS's recommendations.

Ms. Beadle used a tree analogy to describe SAMHSA's work with tribes. The National Tribal Behavioral Health Agenda provides a strategy for promoting Indian health. The roots of the tree or strategy is the Agenda's Cultural Wisdom Declaration that recognizes and supports tribal wisdom and traditional practices as essential to all policies and programs focused on tribal communities. Its five foundational elements are: (1) healing from historical and intergenerational trauma; (2) using a socio-cultural-ecological approach to improve outcomes; (3) increasing prevention and recovery supports; (4) improving behavioral health systems and services; (5) raising awareness and visibility. She stressed this Cultural Wisdom Declaration provides the essential lens through which ACWS should envision working with Native women.

The tree's trunk is represented in SAMHSA's PACT approach to tribal opioids, which emerged from Dr. McCance-Katz's discussions with tribal leaders in September 2017. It represents the pact that SAMHSA made with tribes and includes: **Priority:** On February 28, 2018, SAMHSA sent a letter to governors calling on them to ensure tribes are engaged in state programs in a meaningful and beneficial manner; **Access:** Increased access to funding (set-asides or minimum tribal awards), including a new Tribal Opioids Response (TOR) Grant Program (\$50,000,000 set-aside); **Collaboration:** an upcoming Tribal State Policy Academy to improve relationships and develop collaborative plans focused on tribal opioids and other substances, a Federal partnership (Town Hall involving multiple agencies and 7000 participants and Joint Tribal Advisory Committee); and **Technical assistance** on substance abuse, mental health, and prevention. The partnerships provide another opportunity for ACWS collaboration.

Branches and leaves represent programs and outcomes. Ms. Beadle reviewed SAMHSA's portfolio of grants to tribes, noting that the agency has worked to make tribes eligible to apply for some grant programs for which they were previously ineligible and to provide language that is flexible enough that tribes can do what makes sense for their communities. The Tribal Behavioral Health grant program that addresses suicide and substance use is the most flexible one that SAMHSA offers. Tribes are automatically eligible to receive funds under the TOR grant program.

It has taken a long time for tribes to feel trusting of the work that SAMHSA is doing. There is currently an opportunity to put women's issues on the trunk of the tree, along with other tribal needs. There is space for partnerships with other organizations, e.g., the Office for Victims of Crime at the Department of Justice (DOJ). Ms. Beadle invited ACWS to identify the women's behavioral health issues that it wants to address and the partners who can help develop a comprehensive approach.

Council discussion focused on the barriers to Indian and non-Indian organizations working together at the local level, including issues of trust on both sides and competition between tribes and non-tribal organizations for grant funding within the same geographic area as a result of set-asides. Issues of capacity and trust are important considerations for tribes in addressing these grants. Ms. Beadle noted that there are many such issues on the trunk of the tree; she believes the Tribal Policy Academy will provide a model for addressing many of these issues.

The Invisibility of American Indian/American Native Women Overview and Next Steps

Presenters: Erica Gourneau, Indian Health Services (IHS) National Forensic Nurse Coordinator and Miranda Carman, IHS, Mental Health Lead for the Division of Behavioral Health

Ms. Carman, a member of the Muskogee Creek Nation of Oklahoma, explained that there are 39 behavioral health clinics run by the IHS across the country; some tribes receive funding to contract for their own behavioral health services. Funding is insufficient, however, to fully meet the need. She

identified two behavioral health-related needs facing tribal communities: training for non-Native behavioral health providers to help them understand the historical trauma faced by tribal communities, and the general need for more providers, i.e., greater capacity.

Ms. Kolick recommended that ACWS members review the white paper on American Indian/Alaska Native Women (AIAN) Overview provided in their packets to develop recommendations about meeting the behavioral health needs of Indian women. For example, Native women are significantly more likely to have experienced serious psychological stress in the past 30 days compared to all other races/ethnic groups, indicating an area where programming and partnerships would be helpful. Ms. Beadle noted that HHS has a Joint Tribal Advisory Committee representing every HHS component that has a tribal advisory committee, including the Centers for Disease Control and Prevention (CDC), IHS, SAMHSA, the Office of Minority Health, and the National Institutes of Health. This group could provide a pathway for ACWS to elevate women's issues on tribal committee agendas across HHS.

The level of domestic violence and victimization within tribal communities is high. Fifty to 80 percent of Indian women on tribal lands and in urban communities will experience a violent event from intimate partner violence or sexual assault within their lifetime. Indian men also experience a higher rate of victimization than other men. IHS has a domestic violence prevention initiative administered as a grant program; greater training around domestic violence is needed. There are four federal agencies addressing violence on tribal lands, but the effort is fragmented and varies by tribe.

Council discussion focused on data and evaluation recommendations, including: 1) Develop current data on Indian women's health by tribe and location; current data is at least 10 years out of date. 2) Consider culturally congruent research methodologies, including narrative, community action/mobilization, and participatory/collaborative evaluation approaches; 3) Recognize that dominant constructs of treatment, psychological distress, etc. may be culturally determined; more foundational research is needed to determine appropriate definitions; 4) Identify best practices that work with tribal members and scale them up for broader dissemination; and 5) Document the degree to which traditional healing is incorporated in various tribal settings and evaluate differences in outcomes between those with high levels of incorporation and standard care. Discussion also touched on documenting the impact that casino-generated revenues may have on the behavioral health of tribal members.

Discussion also addressed the need for recruiting more behavioral health providers with connections to the community. Ms. Kolick suggested a program similar to one for veterans and their families in which these individuals are recruited to become trained providers to their peers. There are IHS behavioral health scholarships available but the number of applicants far outstrips the available funding. Other models, such as collaborations with educational institutions to offer part-time programs that employees can attend while working full-time, were also suggested. It was noted that the Ammon Foundation provides educational scholarships to individuals in recovery.

Overview and SAMHSA Updates

Presenter: Arne Owens, Principal Deputy Assistant Secretary for Mental Health and Substance Use

Mr. Owen, representing Dr. McCance-Katz who was traveling on behalf of the Federal Commission on School Safety, reviewed Congress' intentions for the 21st Century Cures Act as they pertained to SAMHSA. To raise the agency's visibility and capacity, the Cures Act mandated the new title of SAMHSA's leader as Assistant Secretary for Mental Health and Substance Use, created the Office of the Chief Medical Officer (OCMO) and the National Mental Health and Substance Use Policy Lab, and established the Interagency Serious Mental Illness Coordinating Committee (ISMICC) to coordinate efforts across multiple Federal agencies.

The Policy Lab was created to identify and scale up evidence-based practices, working in collaboration with NIH, CDC, and others. Currently, the Lab is developing SAMHSA's new strategic plan.

SAMHSA's top priorities are the opioid epidemic and Serious Mental Illness (SMI). Mr. Owen reviewed data on the number of overdose deaths and the treatment gap for substance use. He noted additional funding has been appropriated by Congress for the past two years; the FY2018 increase was approximately \$1 billion over the previous year. Collectively, these additional monies are being used to fund the State Targeted Response to the Opioid Crisis (STR) grants (\$500 million/year last year and again this year), as well as the new State Opioid Response (SOR) grants (\$900 million). Mr. Owen reviewed progress in battling the epidemic, including a steady decline in opioid prescribing and increases in the availability of MAT, and naloxone dispensing by pharmacies.

Regarding SMI, the ISMICC published an initial report in December 2017 that included 45 specific recommendations within five focus areas: Strengthening federal coordination; increasing access to evidence-based best practices; closing the gap between what works and what is offered; increasing opportunities for individuals with SMI and serious emotional disturbance (SED) in the criminal justice system to receive care; and improving financing of care. A second report will be forthcoming. Mental health funding to SAMHSA has increased by over \$300 million, bringing its total mental health funding to \$1.5 billion. There is a 10 percent set-aside in the state mental health block grants for SMI. Funding for children's mental health services has also increased. SAMHSA is working to help providers achieve parity by talking with health insurers. It is also encouraging reconsideration of the Medicaid IMD exclusion for people with SMI and encouraging comprehensive services that meet the entire spectrum of need for those in the community who are living with SMI.

Council members expressed appreciation for the STR and SOR grants, coupled with concern about the sustainability of programs offered under them. The need for state agencies to receive their fair share of funding under the Family First Act in order to provide sustainability over time was also raised.

Domestic and Sexual Violence Against Women in the Tribal Community

Presenter: Sherriann Moore, Deputy Director, Tribal Affairs, Department of Justice, Office on Violence Against Women

The mission of the Office of Violence Against Women (OVW) is to provide federal leadership in developing the nation's capacity to implement the Violence Against Women Act (VAWA). The specific crimes the Office focuses on are sexual assault, domestic violence, intimate partner violence, stalking, and human trafficking. Its Tribal Affairs Division is tasked with administering tribal funds and programs; enhancing the safety of AIAN women from violent crime; strengthening the federal response to violent crime; and providing support for organizational capacity to end violence against AIAN women in tribal and urban Indian communities. It fulfills these functions through grants administration, special projects, and training and technical assistance.

OVW tribal-focused grant programs include: Grants to Tribal Governments (TGP) that supports tribes' ability to respond to violent crimes against Indian women, enhance victim safety, and develop education and prevention strategies; Tribal Sexual Assault Services Program (TSASP) to enhance tribes' ability to respond to sexual assault crimes against Indian women, enhance victim safety, and develop education and prevention strategies; Tribal Domestic Violence & Sexual Assault Coalitions (TC) that provides education, support, and technical assistance to 18 coalitions of Indian service providers and tribes to enhance their response to victims of sexual assault, domestic violence, dating violence, stalking, and sex trafficking; and Tribal Special Domestic Violence Criminal Jurisdiction (SDVCJ) that recognizes the authority of participating tribes to exercise special domestic violence criminal jurisdiction over certain

defendants, regardless of their Indian or non-Indian status, who commit crimes of domestic violence or dating violence or violate certain protection orders in Indian Country.

Special projects include a Section 904 (Violence Against Women) Task Force that is working with the National Institute of Justice to conduct research, including a national baseline study. OVW and tribal advocates have participated in the Tri-Lateral Meetings on Violence Against Indigenous Women with Mexico and Canada, and convened the National Men’s Gathering to increase awareness and engagement among Native men. OVW conducts an annual Tribal Consultation to solicit recommendations from Indian tribes concerning its activities. A report with recommendations from each Consultation that illustrates tribal leaders’ concerns with issues of violence against women is published, along with an update about progress on the recommendations. Ms. Moore recommended Leslie Hagen, National Indian Country Training Coordinator at the DOJ National Advocacy Center in Columbia SC, as a possible resource for future ACWS discussion.

SAMHSA Publications and Product Recommendations and Open Discussion

Ms. Kolick and Ms. Herron reminded ACWS members to turn in their recommendations for new publications and resources, including previous SAMHSA products that need updating, before August 15. In response to Ms. Kolick’s request for recommendations for future meetings, Council members asked to meet with other advisory councils, such as the LGBT and tribal councils, to explore common interests.

Public Comment

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

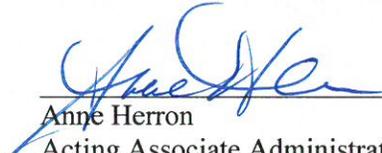
Closing Remarks/Adjourn

Ms. Kolick 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.

9/20/18
Date



Anne Herron
Acting 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.