

MINUTES
OF THE
SUBSTANCE ABUSE SERVICES COUNCIL
APRIL 12, 2017
VIRGINIA ASSOCIATION OF COMMUNITY SERVICES BOARDS
RICHMOND, VIRGINIA

MEMBERS PRESENT:

Katie Weaks, *Department of Alcoholic Beverage Control*
Mellie Randall, *Department of Behavioral Health and Developmental Services*
Stephanie Arnold, *Department of Criminal Justice Services*
Heidi Kulberg, M.D., *Department of Health*
Arthur Mayer, *Department of Juvenile Justice*
Zandra Relaford, *Department of Social Services*
Senator George Barker, *Senate of Virginia*
Henry Harper, *Virginia Foundation for Healthy Youth*
Ron Pritchard, *Virginia Association of Addiction Professionals*
Sandra O'Dell, *Virginia Association of Community Services Board*
Tom Walker, *Virginia Association of Drug and Alcohol Programs*
Jamie MacDonald, *Virginia Association of Community Services Boards - Prevention Council*
Mary McMasters, MD, *Advocate*

GUESTS:

Jennifer Wicker, *Virginia Hospital & Healthcare Association*
Paula Margolis, *Joint Commission on Healthcare*
Carol Pratt, D.D.S., *Department of Health*
Leah Mills, *Virginia Commission on Youth*
Gail Taylor, *Department of Behavioral Health and Developmental Services*

STAFF:

Kate Marshall, *Department of Behavioral Health and Developmental Services*
Lisa Street, *Department of Behavioral Health and Developmental Services*
Karen A. Taylor, *Office of Attorney General*

- I. WELCOME AND INTRODUCTIONS:** Ms. O'Dell called the meeting to order and asked members and others present to introduce themselves.
- II. REVIEW AND APPROVAL OF THE MINUTES OF AUGUST 3, 2016.** Mr. Pritchard made a motion to approve minutes which was seconded by Dr. Kulberg and accepted by voice vote.

III. OLD BUSINESS:

- A. VA STR Opiate Grant. Ms. Randall provided an update on this grant for which DBHDS has applied. She explained that the Substance Abuse and Mental Health Services Administration allocated amounts for every state based on population size and need. The

allocation for Virginia was \$9.7 million for one year, with possible continuation for a second year. DBHDS has submitted an application which includes \$5 million to support medication assisted treatment for 18 CSBs. These CSBs were selected based on social indicator data. Funds will also be allocated to an additional 14 CSBs for prevention services in areas indicating emerging needs. In addition, DBHDS is working with VDH to use these funds to support implementing the ECHO model (teleconferencing to monitor individuals using MAT in parts of state that don't have sufficient clinicians). Funds will also support training for in-home service workers to work with at-risk families. Grant funds will also support pilot programs using certified peer specialists to assist in emergency departments when individuals are admitted for opioid overdose. The list of CSBs receiving funds will be made available to the Substance Abuse Services Council

- B. DCJS/DBHDS Grant Application to DOJ/Bureau of Justice Assistance - Comprehensive Opioid Site-based Program. Ms. Randall and Ms. Arnold shared that the Department of Criminal Justice Services, with support from DBHDS, has applied for this grant to develop a state plan to improve access for justice involved individuals who have opioid use disorders. The planning and program implementation will target individuals under supervision of Community Corrections. This is a two year grant with the first year focusing on planning and the second year focusing on implementation. These funds will likely be targeted to the same communities selected for the STR Opiate Grant.
- C. The National Governors' Association Learning Lab. Ms. Randall reported that Virginia has been selected by the National Governors' Association to participate in a learning collaborative focusing on addressing opioid issues with state corrections (Department of Corrections).
- D. Governor's Opioid Executive Taskforce State and Local Workgroup. Ms. Randall shared that the Governor had issued Executive Directive 9 to establish the Governor's Executive Leadership Team on Opioid Abuse and Addiction (GELTA). Objective of GELTA is to support implementation of the work begun by the Task Force on Prescription Drug and Heroin Abuse. The state-level leadership is comprised of representatives of the Department of Health, DBHDS, DCJS and the Department of State Police (DSP). The structure for this work has recently been introduced at the two-day Population Health Summit in Charlottesville (March 29-30) focusing on opioid abuse. Using DSP regions, the state has been divided into eight regions. Each region must develop plans to address prevention, treatment, and harm reduction. Each region has a state and local champion and will convene on a regular basis. The process will promote communication horizontally and vertically across all levels, so that local needs and concerns can be communicated up to state agencies as well as across to other regions. The state champion will provide information on grant and state-level information. The local level will develop action plans and bring in coalitions that will bring energy and resources to the local level, helping them decide what works best in their community and providing information on best practices.

Other Concerns. Dr. McMasters shared that she had provided over 30 addiction disease management trainings throughout the state and there is a low percentage of physician participation. She is trying to get additional funding to do more training, especially with physicians who haven't had any or those who have to unlearn inaccurate information.

Dr. Pratt reported that once ECHO model is operational, it will provide CMEs at no cost and prescribers can participate by smart phone. She also reported that Board of Veterinary Medicine is now in the process of developing guidelines on addiction medicine as there are reports of individuals diverting pain medications prescribed for their pets

IV. NEW BUSINESS.

- A. Prevention Services. Gail Taylor, Director of Behavioral Health and Wellness at DBHDS, provided information about current practices and policies in prevention of substance use disorders. DBHDS allocates federal funds to support evidence-based prevention services to the 40 community services boards (CSBs). Each CSB is required to develop a plan that includes input from its community coalition, as coalitions are the key to making change at the community level. Coalitions can guide environmental change which is the basis to supporting other changes in health practice and policy. All 40 CSBs recently finished their needs assessments and DBHDS has reviewed them. DBHDS has developed a data dashboard that contains social indicators related to community health and wellness for each jurisdiction. Ms. Taylor demonstrated how the dashboard works (a link will be sent to SASC). Communities use this data to establish priorities and DBHDS uses it as well to determine areas of need (it was the basis of selecting the 18 CSBs for the STR Opiate Grant.) There was considerable discussion about the dashboard and how data is used to make policy decisions.

Ms. Taylor also discussed DBHDS' role in reducing youth access to tobacco as required by the Synar Amendment to legislation that authorizes the federal Substance Abuse Prevention and Treatment Block Grant. States are required to conduct annual surveys of tobacco retail outlets to demonstrate that youth access to tobacco is less than 20%, with a substantial penalty to the total federal Substance Abuse Prevention and Treatment Block Grant award if they fail. Through merchant education and other environmental practices and policies, Virginia has been able to reach a noncompliance rate of about 10%. She also said that Virginia is one of four states that does not allocate state general funds to support prevention.

- B. Council Work Plan. Ms. O'Dell reminded the Council that it had decided to focus on the impact of the opioid crisis on families. She suggested that the Department of Social Services could make a presentation on how families are being impacted by addiction, specifically on HB 2162 (2107), which requires DSS and DBHDS to study barriers to treatment of substance-exposed infants in the Commonwealth. Ms. Relaford agreed to coordinate this presentation. Ms. Randall suggested that DBHDS staff present on the Handle with C.A.R.E. initiative, a two year statewide initiative that has focused on improving services to pregnant women that are at-risk of or are using substances. Mr.

Pritchard expressed concern that the focus on opioids was too narrow and suggested that the Council maintain a larger focus with general addiction.

V. PUBLIC COMMENTS. There were no public comments.

VI. ADJOURNMENT. Senator Barker made a motion to adjourn that was seconded by Dr. Kulberg. The motion was passed on a voice vote and the meeting adjourned.

Respectfully submitted,

Kate Marshall
Staff to the Council