

**MINUTES**  
**OF THE**  
**SUBSTANCE ABUSE SERVICES COUNCIL**  
**MARCH 15, 2017**  
VIRGINIA ASSOCIATION OF COMMUNITY SERVICES BOARDS  
RICHMOND, VIRGINIA

**MEMBERS PRESENT:**

Charlene Motley, *Commission on the Virginia Alcohol Safety Action Program*  
Katie Weals, *Department of Alcoholic Beverage Control*  
Mellie Randall, *Department of Behavioral Health and Developmental Services*  
Anna Burton, *Department of Corrections*  
Stephanie Arnold, *Department of Criminal Justice Services*  
Heidi Kulberg, M.D., *Department of Health*  
Brian Campbell, *Department of Medical Assistance Services*  
Jessica Lamberton, *Department of Motor Vehicles*  
Zandra Relaford, *Department of Social Services*  
Delegate Delores McQuinn, *House of Delegates*  
Senator George Barker, *Senate of Virginia*  
Diane Barbour, *Virginia Certification Board*  
Henry Harper, *Virginia Foundation for Health Youth*  
Ron Pritchard, *Virginia Association of Addiction Professionals*  
Greg Preston, *Virginia Association of Community Services Boards*  
Tom Walker, *Virginia Association of Drug and Alcohol Programs*  
Sheriff Brian Hieatt, *Virginia Sheriffs' Association*  
Marjorie Yates, *Substance Abuse and Addiction Recovery Alliance of Virginia*

**GUESTS:**

Carl Ayers, *Department of Social Services*  
Ke'shawn Harper, *Department of Medical Assistance Services*  
Malcolm King, *Department of Behavioral Health and Developmental Services*  
June Kisore, *Department of Social Services*  
Carole Pratt, DDS, *Department of Health*  
Susan Schwarz, *Civitas Health Services*  
Priscilla Smith, *Office of the State Inspector General*  
Chuck Wilcox, *Virginia Association of Addiction Professionals*

**STAFF:**

Kate Marshall, *Department of Behavioral Health and Developmental Services*

- I. WELCOME AND INTRODUCTIONS:** In the absence of Ms. O'Dell, Ms. Randall called the meeting to order and asked members and others present to introduce themselves and share what organization they represented.

**II. REVIEW AND APPROVAL OF THE MINUTES OF AUGUST 3, 2016.** Mr. Pritchard made a motion to approve minutes which was seconded by Ms. Motley and accepted by voice vote.

**III. OLD BUSINESS.** No business from previous agendas was discussed.

**IV. NEW BUSINESS.**

A. Discussion of Legislation from the 2017 Session of the General Assembly. Ms. Randall led a discussion of legislation introduced in the 2017 Session of the General Assembly relevant to the Council's purpose:

- HB 1435. Mr. Ayers said that this legislation was introduced to conduct SA testing for applicants of the VIEW program as a pilot program. The legislation was left in subcommittee.
- HB 1449/HB 1453/SB848. Ms. Randall shared that Senator Wexton introduced SB 848 to allow organizations that met certain criteria to directly distribute naloxone in compliance with regulations to be promulgated by the Board of Pharmacy. This bill included an emergency clause and has been signed by the Governor. Ms. Randall deferred further discussion until later in the discussion of legislation.
- HB 1467/SB1323. Ms. Randall explained that this legislation establishes neonatal abstinence syndrome as a reportable disease and requires the Board of Health to promulgate regulations for implementation. This legislation is effective July 1, 2017 and has been signed by the Governor.
- HB 1637. Ms. Randall said that this legislation would have permitted possession or distribution of marijuana for medical purposes, specifically to treat Crohn's disease. The bill was left in committee. Ms. Randall reminded the Council that it had spent two years studying marijuana policy and that it would continue to be a prominent subject for legislation. Dr. Pratt commented that the Joint Commission on Health Care was conducting a study on the use of oils derived from marijuana for specific diseases.
- HB1642 /SB1031. Ms. Randall said that this legislation allows employees of the Department of Forensic Science, the Office of the Chief Medical Examiner and the Department of General Services- Consolidated Laboratory to keep naloxone on hand without a prescription for a specific person if they have been trained how to use it. Dr. Pratt commented that this was important to protect these employees when they are exposed to powerful opioids while conducting tests of evidence or other tests that put them at risk for overdose. This legislation included an emergency enactment clause and has been signed by the Governor, effective February 21, 2017.
- HB1750. Ms. Randall said that this legislation allows naloxone to be dispensed without having a specific patient name. Dr. Kulberg clarified that this legislation effectively codified the standing order issued by the health commissioner that allows pharmacies to dispense naloxone without the person having a prescription. It has been signed by the Governor. The standing order was issued in the context of the health commissioner first declaring a public health emergency related to the opioid epidemic. Dr. Pratt indicated that pharmacists continue to need education about the standing order as they may be inadvertently creating unnecessary barriers to obtaining naloxone. She encouraged attendees to go to pharmacies and ask for naloxone to see

- what their experience is. Ms. Yeatts indicated that individuals who had been trained in the REVIVE! program at SAARA had been successful in obtaining naloxone when they showed the pharmacist the REVIVE! card indicating that they had been trained.
- HB1751/ SB1050. Mr. Harper explained that this legislation adds the prevention of youth substance abuse to the mission of the Virginia Foundation for Healthy Youth. He also mentioned that the Foundation is planning a conference and he will forward information to Ms. Marshall for dissemination to the Council.
  - HB 1767/SB1009 – Ms. Randall stated that this legislation permits prescribing of Schedule II and higher drugs by telemedicine only if the entity using telemedicine is registered with the Board of Pharmacy and meets certain conditions described in the legislation. This legislation included an emergency clause and has been signed by the Governor. The Board of Pharmacy has 280 days to promulgate the necessary regulations.
  - HB1786/SB1086. Mr. Ayers explained that this legislation empowers DSS to collect information about in utero exposure to a controlled substance to include whether the mother sought counseling for substance abuse or was in treatment prior to the birth of the child, and requires the local DSS to conduct a family assessment (unless an investigation is warranted) and to develop “a plan of safe care,” regardless of the findings of any investigation. The legislation also expands the types of substances from controlled substances to any substance that affects the child (to include prescribed substances and alcohol) and limits the time frame to four years for identifying that a child’s health was affected by maternal substance use during pregnancy. The legislation requires the Board of Social services to promulgate regulations to support implementation. This legislation has been signed by the Governor.
  - HB1845. Ms. Arnold explained that the legislation directs DCJS, in consultation with DBHDS, to develop a model addiction recovery program that is appropriate for administration in a local or regional jail. The model must include medical and clinical components, education about family dynamics and aftercare, as well as peer support and access to mental health services.
  - HB 1885. Ms. Randall explained that this legislation changes requirements for prescribers of opioid medications for checking the Prescription Monitoring Program from a prescription for 14 days to seven days unless the prescription is for treatment for surgery or an invasive procedure and is for no more than 14 days of medication. The legislation also extended the sunset provision of this Code section from July 1, 2019 to July 1, 2022. This legislation has been signed by the Governor.
  - HB1898. Ms. Randall explained that this legislation would have restricted emergency department prescribing of opioids to a three-day supply, with a sunset clause of July 1, 2020. This legislation was left in committee.
  - HB 1948/SB 1086. Ms. Motley explained that this legislation would have added recovery community organizations accredited by a particular national organization to the list of programs or services to which individuals without previous convictions who are charged with possession could be referred for assessment, education or treatment. Currently only programs licensed by DBHDS or those made available through the Department of Corrections or local community corrections or certified by

- the Commission on Alcohol Safety Action Programs are included. The legislation was tabled but a letter was sent by the patrons to the Commission requiring them to conduct a study with recommendations to the 2018 Session about how to include recovery community organizations among the options available to these individuals.
- HB 2135. Ms. Randall stated that this legislation would have allowed physicians to issue a certificate for the use of marijuana for any medical condition that would protect the holder from prosecution. The legislation was left in committee.
  - HB2161/SB1179. Ms. Randall explained that this legislation requires Secretary Hazel to convene a workgroup that includes DBHDS, VDH, Department of Health Professions, State Council on Higher Education in Virginia, and representatives from each school of medicine, dentistry, pharmacy, physician assistance, and nursing to develop educational standards and curricula for training health care providers, including physicians, dentists, optometrists, pharmacists, physician assistants, and nurses in the safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and substance abuse. The workgroup must report its progress and the outcomes of its activities to the Governor and the General Assembly by December 1, 2017. The legislation includes an emergency clause and has been signed by the Governor. Dr. Pratt observed that SAMHSA is currently considering curricula on these topics and that schools in Virginia are very engaged. She said that VCU School of Medicine had just established its first addiction medicine internship and is now recruiting. Ms. Randall said that Dr. Pratt had been very involved and had taken the SAMHSA Regional Representative on a tour of Virginia's medical schools this summer to discuss this topic with faculty. A follow-up meeting was hosted by Secretary Hazel and SAMHSA in January.
  - HB 2162. Mr. Ayers explained that this legislation requires Secretary Hazel to convene a work group to study barriers to treatment of substance-exposed infants in the Commonwealth. The work group must include representatives from DBHDS, DSS and other stakeholders to review (1)current policies and practices affecting how substance exposed infants are currently identified and treated; (2)what the barriers are to treatment (including those related to identification and reporting, data collection, interagency coordination and collaboration, service planning, service availability, and funding; and (3) develop legislative, budgetary, and policy recommendations to eliminate these barriers. The report must be made by December 1, 2017. This legislation includes an emergency clause and has been signed by the Governor. Ms. Randall mentioned that the Handle with C.A.R.E. project had established an excellent foundation for this study. Mr. Ayers introduced Ms. Kisore who will be leading the study. The group will meet for the first time April 7.
  - HB 2163/SB1178. Ms. Randall explained that this legislation requires that only combination buprenorphine products can be prescribed unless the patient is pregnant, or is when converting from methadone to buprenorphine containing naloxone, and then only for period of no more than seven days, or as permitted by regulations of the Board of Medicine or the Board of Nursing. This legislation includes an emergency clause and will sunset July 1, 2022. She added that the Board of Medicine had already drafted regulations restricting the monoproduct that were awaiting the Governor's

- signature. Dr. Kulberg added that diversion of buprenorphine had become a significant problem, especially in the southwestern region of the state.
- HB 2164. Dr. Kulberg reported that this legislation adds gabapentin to list of drugs of that must be reported to the Prescription Monitoring Program. The legislation contains an emergency clause and has been signed by the Governor.
  - HB 2165/SB 1230. Ms. Randall reported that this legislation requires prescriptions for Schedule II-V to be written electronically. The bill has been signed by the Governor and goes into effect July 1, 2020. The legislation also requires Secretary Hazel to convene a workgroup to address implementation and provide a report by November 1, 2017 with a final report due November 1, 2018. Dr. Kulberg added that this legislation will result in improved reporting to the Prescription Monitoring Program and improve data quality.
  - HB 2167. Ms. Randall explained that this legislation requires the Boards of Medicine and Dentistry to adopt regulations for the prescribing of opioids and referral of patients for substance abuse treatment. It also requires the Board of Medicine to adopt regulations pertaining to the use of buprenorphine used in the treatment of addiction that include a requirement that the patient be referred to counseling or that the prescriber consult with a provider of substance abuse treatment. The legislation also includes a requirement that the Prescription Monitoring Program annually report to the Joint Commission on Health Care on the prescribing of opioids and benzodiazepines that identifies unusual prescribing patterns or potential misuse of a covered substance. The legislation includes an emergency clause and is awaiting the Governor's signature.
  - HB 2181. Mr. Ayers explained that this legislation would have allowed individuals who have been convicted on a felony offense of possession of a controlled substance or a first-time felony offense of possession with intent to distribute a controlled substance and who are otherwise eligible for food stamps to receive the benefit if they complied with obligations imposed by the criminal court, were either actively engaged or had completed a substance abuse treatment program, participate in periodic drug screenings and comply with any obligations imposed by DSS. This legislation was left in committee.
  - HB 2317. Dr. Kulberg explained that this legislation codified the ability of the Health Commissioner to implement harm reduction programs in a state of emergency to include programs to reduce the spread of blood borne diseases such as HIV and hepatitis. These programs may include the provision of sterile hypodermic needles and syringes and disposal of used hypodermic needles and syringes. The legislation has very specific objectives specifies criteria for identifying communities that may be declared as experiencing such a public health emergency. The legislation empowers the Health Commissioner to establish standards and protocols to be followed in the implementation of the services and requires that the Secretary of Health and Human Resources and the Secretary of Public Safety and Homeland Security must approve the declaration of a public health emergency. The legislation allows the Commissioner of Health to authorize persons who are not otherwise authorized by law to dispense or distribute hypodermic needles and syringes to do so when the declaration is in effect, and exempts these persons from prosecution for crimes such a

possession of paraphernalia. The Department of Health must submit a report on any programs that are established by October 1, 2018 and must provide an evaluation report by October 1, 2019. The legislation includes a sunset date of July 1, 2020. The Governor has signed this legislation into law. Dr. Kulberg commented that data indicate that participants in harm reduction programs have a significantly increased chance of achieving recovery.

- HB 848. Ms. Randall said that this legislation was introduced by Senator Wexton and allows individuals who have met certain conditions [(1) been trained by DBHDS to train others in the use of naloxone; and (2) who is acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone for overdose reversal; and (3) who is complying with laws and regulations related to the Board of Pharmacy pertaining to controlled substances) to dispense naloxone to individuals who have been trained in its use in a program approved by DBHDS. The organization may not charge for the training or for the naloxone. The naloxone may be distributed in the field. The legislation contains an emergency clause and requires the Board of Pharmacy to develop regulations to implement this legislation within 280 days of the date the legislation is signed. The Governor has signed the legislation and the Board of Pharmacy is scheduled to consider the regulations next week. Ms. Randall said that the Governor will probably sign the regulations by May and that several organizations are getting prepared to participate. Senator Barker commented that individuals were participating in the training but were not obtaining the naloxone from the pharmacy; this legislation will allow the training organization to distribute the naloxone at the training. Ms. Yeatts indicated that SAARA has applied for a grant to obtain 100 units free to distribute. She said that most of the people who participated in the training that SAARA provides don't have insurance and cannot afford to purchase naloxone. She commented that she had heard similar sentiments from law enforcement officers who had been trained to use naloxone. Ms. Randall said that the Department of Justice Bureau of Justice Assistance has grant money that can be used to assist in the purchasing of naloxone and the two of the manufacturing pharmaceutical companies may make discounts available to law enforcement or to certain other organizations.
- SB1008. Mr. Ayers explained that this legislation added offenses to the list of barrier crimes, specifically drug offenses and impacts foster care and licensed day care. The legislation is awaiting the Governor's signature.
- SB 1155. Ms. Randall indicated that this legislation added to the definition of "severe abuse" knowingly allowing a child to be present during the manufacture of methamphetamine. The legislation was stricken at the request of the patron.
- SB 1180. Ms. Randall explained that this legislation requires the Board of Dentistry to develop regulations governing the use of opioids and the Board of Medicine to develop regulations governing the use of opioids and benzodiazepines. The legislation also requires the Prescription Monitoring Program to annually provide a report to the Joint Commission on Health Care and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health on the prescribing of opioids and benzodiazepines in the Commonwealth that includes data on reporting of unusual patterns of prescribing or

dispensing of a covered substance by an individual prescriber or dispenser. This legislation includes an emergency clause. At the time of the Council meeting, the legislation was awaiting the Governor's signature. (Signed March 20, 2017).

- SB 1232. Ms. Randall explained that this legislation requires prescribers to check the Prescription Monitoring Program if an opioid is prescribed for more than 14 days. Original provisions of the legislation previously enacted were set to expire July 1, 2019; this has been extended to July 1, 2022 and this legislation has been signed by the Governor.
- SB 1298. Ms. Randall explained that this legislation would have added cancer, glaucoma, human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, Alzheimer's disease, nail patella, cachexia or wasting syndrome, multiple sclerosis, or complex regional pain syndrome to intractable epilepsy as illnesses for which a person could claim an affirmative defense against a charge of possession of marijuana if the person held a certificate issued by a prescriber allowing them to use marijuana to treat the illness. The legislation also allowed an affirmative defense for the parent or legal guardian of a minor with one of these diseases. The legislation would have protected the prescriber against prosecution for prescribing marijuana for one of these illnesses. The bill was left in committee.
- SB 1484. Ms. Randall said that this legislation allows the Prescription Monitoring Program to share information about a Medicaid beneficiary with managed care organizations with which the Department of Medical Assistance Services contracts to manage Medicaid benefits. This legislation has been signed by the Governor.

B. Virginia STR Opioid Grant. Ms. Randall reported that as a result of the CURES Act passed at the end of the last federal administration SAMHSA has allocated grant funds to each state to address the opioid crisis. Virginia's allocation is \$9.7 million for one year (likely continued for a second year) and DBHDS has filed an application on behalf of the Commonwealth. The application includes funding for prevention, treatment and recovery activities as required by the grant announcement. No more than 10 percent can be expended for administration of the grant and at least 70 percent must be expended on treatment. Five million dollars will be expended to support medication assisted treatment and funding for naloxone is also included. Funding is also included to support professional health care schools (medical, nursing, dental, physician assistant) to identify core competencies related to addiction that should be included in the core curriculum. Prevention activities will build on existing strategic planning and implementation strategies already underway. Recovery activities will include intervening with overdose victims in emergency departments. DBHDS targeted areas of high need in the state. DBHDS expects to hear the results of its application by the end of April and for funds to be available in mid-May. Prevention activities will start as soon as grant funds can be allocated to communities and treatment activities will begin July 1. Communities will be notified in the very near future about their inclusion in the grant application.

C. BJA CARA Grant. Ms. Randall shared that as a result of passage of the CARA legislation in the last federal administration, the federal Department of Justice Bureau of

Justice Assistance has made a variety of grants available to address the opioid epidemic. DCJS and DBHDS are collaborating on the grant available for state-level agencies. The amount of funding would be \$850,000 with \$100,000 for planning and \$750,000 for services. These services must be provided for individuals who are involved in the criminal justice system. Leadership from DCJS and DBHDS attended a meeting in Washington, D.C. to learn about the potential uses of these funds and a team has begun meeting to develop the application, due April 25, 2017.

- D. Governor's Opioid Executive Task Force State and Local Workgroup. As background, Ms. Randall reminded the Council that the Governor's Task Force on Prescription Drug and Heroin Abuse had offered over 50 recommendations, many of which had been implemented as policy, statutory or regulatory changes or state level programs. However, there is a strong recognition that much of the work to address the opioid epidemic must be accomplished at the local level. To facilitate this, an executive level team has been formed that is staffed by agencies from both Health and Human Services and Public Safety and Homeland Security agencies. This team is focusing on how state level resources such as statistical data, grant funding, and technical assistance can be made available to local communities through a coalition structure, and is working to establish infrastructure to transcend the transition in state administrations from Governor McAuliffe to the next governor to make sure work on addiction issues continues. In addition, there is wide-spread acknowledgement that the opioid problem is the tip of the iceberg and that the larger issue of addiction must be addressed in order to be successful. The upcoming Population Health Summit in Charlottesville will be a part of this process.

Delegate McQuinn asked if the group is also addressing how substances are coming into Commonwealth and how to control the influx of drugs from other areas. Ms. Randall said that representatives from State Police and local law enforcement were prominent in this group. She said that parts of the state participate in either the Appalachian HIDTA (High Intensity Drug Trafficking Area) or the Baltimore-Washington HIDTA (which actually extends down to Richmond and eastward to include parts of Tidewater). She said that HIDTA, a federal program, collects very detailed surveillance data and makes it available to local law enforcement, and also assists with coordinating interdiction efforts and resources. She said that a lot of heroin is coming to Richmond from Baltimore down I-95. The Task Force is consistently hearing from law enforcement that they would like to know more about how to deal with end user, as arrest and incarceration isn't working. Law enforcement is seeking information about other strategies that offer alternatives to help individuals access treatment which will result in the individual being less likely to re-offend and increase possibility of become contributing citizens. Delegate McQuinn shared that she knew five people who had overdosed in the last two weeks. Dr. Kulberg asked if information about these types of resources could be shared across agencies and communities. Dr. Pratt indicated that prescribers of legal pain medications often don't know that their patients are overdosing and that a channel of communication to address this needs to be established. Ms. Randall indicated that those were the types of problems that the Task Force wants to help communities address.

E. Update on DMAS ARTS (Addiction and Recovery Treatment Services). Brian Campbell shared a schedule of training events designed to help providers understand the services. The handout included links to web-based information. The events also provide an opportunity for providers to meet representatives from the managed care organizations (MCOs). The MCOs are working with providers who want to participate in providing SUD waiver services to establish the ASAM (American Society of Addiction Medicine) level of care. The benefits become available on April 1 (treatment) and peer services come on line July 1. He acknowledged the assistance of DBHDS in funding provider training in the ASAM criteria for clinicians and stressed that ASAM is the gold standard that supports evidence-based and clinically sound services. Standardized enrollment processes and approval processes have been developed for managed care entities for more consistency. Although it has taken quite a long time and significant effort, he is confident that this approach will produce good clinical outcomes for beneficiaries, and will also result in reduced overprescribing of pain medications, increased awareness of neonatal needs, and fewer diverted opioid prescription. The continuum of care available will include step-down treatment settings to offer levels of care for individuals following detoxification. He assured that group that there was adequate funding to adjust for any federal changes. Delegate McQuinn asked what audience the training was designed to address and Mr. Campbell responded that the trainings are designed for treatment professionals, including CSBs and private providers. He said that the ARTS project had been very aware of the need to add providers that might not have worked with indigent individuals before, and that the funding provided by the General Assembly supported rates that would be attractive to these providers. Ms. Randall said that DBHDS had invested in supporting ASAM training for this project because it provided leverage to elevate and standardize care across the system, providing for a standard language and understanding about what should be included in a specific care setting or service. She said that even if a person is not eligible for Medicaid, he or she should still receive the same quality of care across the state. She said that DBHDS would continue to offer ASAM trainings across the state for the foreseeable future.

Senator Barker remarked that this is the third year in a row that the General Assembly has been focused on issues related to the opioid epidemic, and that there was extraordinary bipartisan support for ARTS in House Appropriations Committee and throughout the General Assembly. He cited the establishment of the registration program for peer report recovery specialists, pairing them with SUD treatment professionals to provide services, as one example. In addition, he referenced the \$30 million additional funding for behavioral health services, which includes \$5 million for supportive housing and same-day access. In addition, the Deeds Commission was extended two years to provide more time to work on systems issues. Senator Barker is on the Board for Metropolitan Council of Governments which is going to be meeting in early May to discuss how the opioid issue is impacting the states that surround the District of Columbia. Ms. Schwarz asked how to track progress in implementing same day access and permanent supportive housing. Ms. Randall indicated that these funds will go to the CSBs from DBHDS in a multi-year roll-out to support an expansion of services that are more standardized throughout CSBs. Senator Barker remarked that the General

Assembly wants to make a certain core group of services available throughout the Commonwealth so that citizens have access regardless of where they live. Delegate McQuinn noted that the attitudes about funding services have become much more positive since she was elected to the General Assembly in 2009.

Dr. Pratt remarked that the Appalachian area is ground zero for opioid overdoses and abuse. West Virginia has had problems for many years and is now suing five pharmaceutical companies that shipped nine million pain pills into the state over a two year period, and that this spills into Virginia. Therefore, Virginia officials need to keep an eye on what is happening in the states around us. Mr. Pritchard said that we should not wait until we have evidence from law enforcement and emergency departments to take action; if information comes from other parts of the community, it should be taken seriously.

- F. Discussion of Council Work Plan. Ms. Randall reminded the Council that it had decided to focus on opioid abuse through the lens of the family. Mr. Harper said that he would like to hear from law enforcement from across the state, specifically what kinds of calls they are going on, what they are finding on traffic stops, and what types of opioid issues are they seeing. Dr. Kulberg said that she would be interested in hearing from the DEA and in building bridges with them to share information. Mr. Wilcox suggested that this information could be helpful in predicting what will happen next with marijuana, as it is being medicalized and is legal in D.C. Dr. Pratt said that she is very concerned about synthetic opioids. Mr. King suggested that he would like to know more about what the impact is on families that have had to deal directly with addiction among their own family members, what their experiences are with seeking treatment, and what they expect from recovery. He said that seeing addiction and the process of recovery through family members helps to frame a conversation about where to put our resources and how to connect agencies providing services.

Mr. Pritchard suggested learning more about coalitions at the local level, and Ms. Randall suggested that she could help facilitate an expert speaker in coalition building focusing on addiction. Delegate McQuinn expressed a desire to learn more about how to conduct outreach to communities and provide them with information that will help them successfully address the epidemic. Senator Barker mentioned the expanded mission of the Virginia Foundation for Healthy Youth that now includes substance abuse prevention (even though no extra funding was provided). He described how VFHY had identified five different types of adolescents and had developed media to target them differently. Ms. Relaford expressed an interest in learning more about how crime associated with the opioid crisis is affecting children and youth. Ms. Randall thanked the members for their input and said that she and Ms. Marshall would work with Ms. O'Dell on developing programs for the next Council meetings.

- V. **PUBLIC COMMENTS.** Ms. Randall asked if there were any members of the public present who would like to offer comment. Mr. Pritchard announced that the Virginia Summer Institute on Addiction Studies would be held in Virginia on July 17-19, 2017. He said that the institute

would host an open forum about marijuana and a REVIVE! training that would be open to the public. He said that there would be discussions about peer support for professional counselors who are relapsing.

Mr. King announced that DBHDS was partnering with the College of Behavioral and Emotional Health Institute (COBE) at Virginia Commonwealth University to sponsor a conference on young adults in treatment and recovery April 18-19. Experts from around the country will speak on engagement, treatment and recovery for young adults. There will be a panel discussion of individuals ages 18-25 who are dealing with co-occurring mental illness and substance use disorders. They will discuss how this affects their families and themselves.

**VI. ADJOURNMENT.** Mr. Pritchard made a motion to adjourn that was seconded by Mr. Harper. The motion was passed on a voice vote and the meeting adjourned.

Respectfully submitted,

Kate Marshall  
Staff to the Council