

**MINUTES
OF THE
SUBSTANCE ABUSE SERVICES COUNCIL
MAY 10, 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*
Charlene Motley, *Commission on the Virginia Alcohol Safety Action Program*
Henry Harper, *Virginia Foundation for Healthy Youth*
Ron Pritchard, *Virginia Association of Addiction Professionals*
Sandra O'Dell, *Virginia Association of Community Services Board*
Jamie MacDonald, *Virginia Association of Community Services Boards - Prevention Council*
Del. M. Keith Hodges, *Virginia House of Delegates*
Senator Jennifer Wexton, *Virginia State Senate*

GUESTS:

Malcolm King, *Department of Behavioral Health and Developmental Services*
Martha Kurgans, *Department of Behavioral Health and Developmental Services*
Carole Pratt, D.D.S., *Department of Health*
Carl Ayers, *Department of Social Services*
Anne Kisor, *Department of Social Services*
Paula Margolis, *Joint Commission on Health Care*
Andrew Mitchell, *Joint Commission on Health Care*
Hilary Piland, *Virginia Association of Community Services Boards*
Amy Atkinson, *Virginia Commission on Youth*
Keith Westbrook, *Legislative Assistant to Del. Delores McQuinn, Virginia House of Delegates*

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 APRIL 12, 2017.** Ms. Motley made a motion to approve minutes which was seconded by Mr. Pritchard and accepted by voice vote.

III. OLD BUSINESS:

No Old Business

IV. NEW BUSINESS.

- A. Telconferencing for SASC Meetings. Karen Taylor, Office of the Attorney General, provided information on two ways the SA Council can teleconference per Code § 2.2 37.08. One option is to have a remote meeting location that must be open to the public, which includes an annual report regarding who was present. The remote location must be publicized and have the capacity for public comment.

The second option per the same code section is participation by an individual member. The Council would have to adopt a policy that includes an approval process for remote participation if the member is unable to attend due to an emergency or personal matter that comes up right before the meeting, or due to permanent disability that prevents attendance. The individual member could call in just to listen, but couldn't participate in conversation or vote. The council can also increase the public participation by having a call-in number that would be posted in the meeting notice.

Ms. Randall suggested that since the Council only meets four times each year and people are appointed by the Governor, or are delegated by their agency head, or are statutorily designated, members should put forth the effort to attend in person. If a person is unable to commit to coming to the meetings, it should be worked out with the organization represented. Calling in limits the ability of the caller to participate in discussion. Furthermore, the Council would still need to have at least one meeting with everyone in person, and for other meetings, participants on the phone couldn't be counted in quorum.

A motion was made by Mr. Pritchard and seconded by Ms. Motley to not include the teleconferencing option for the SASC. The motion passed was accepted by voice vote without opposition.

- B. Presentation: Handle with C.A.R.E. Martha Kurgans, Regional Consultant, Department of Behavioral Health and Developmental Services, presented on the agency's Handle with C.A.R.E initiative. This statewide work group was developed as a result of a federal government requirement that each state must have a plan for substance exposed infants. She indicated that there have been ongoing concerns across Virginia's service delivery systems regarding difficulties reaching and serving substance using pregnant and parenting women and their children. According to SAMHSA's National Household Survey on Drug Use and Health (NSDUH), 10% of pregnant women use alcohol or drugs during their pregnancy. Of the roughly 100,000 infants born in Virginia each year, approximately 10,000 are substance exposed. To assist in this effort, DBHDS applied for and received Substance Exposed Infants In-Depth Technical Assistance from the National Center for Substance Abuse and Child Welfare (NCSACW). Virginia was one of six states accepted for this special initiative to receive technical assistance from January 2014 through August 2016. NCSACW continues to work with Virginia.

Ms. Kurgans mentioned that Senator Wexton introduced legislation (SB 1086) that was enacted that requires local departments of social services to collect information during a family assessment to determine whether the mother of a child who was exposed in utero to a controlled substance sought substance abuse counseling or treatment prior to the child's birth. The bill requires mandated reporters of suspected child abuse or neglect to make a report if a finding is made by a health care provider (i) within six weeks following a child's birth that the child was born affected by substance abuse or experiencing withdrawal symptoms resulting from in utero drug exposure; (ii) within four years following a child's birth that the child has an illness, disease, or condition that is attributable to maternal abuse of a controlled substance during pregnancy; or (iii) within four years following a child's birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol. The bill provides that if a local department of social services receives a report or complaint of suspected child abuse or neglect on the basis of one or more of the aforementioned factors, the local department shall (a) conduct a family assessment, unless an investigation is required by law or is necessary to protect the safety of the child, and (b) develop a plan of safe care in accordance with federal law. The bill directs the State Board of Social Services to promulgate regulations to implement the provisions of the bill.

- C. Presentation: Substance Exposed Infant Barriers to Treatment Study. Carl Ayers, Director and Anne Kisor, Project Manager, Division of Family Services at` the Department of Social Services, presented about this upcoming project that resulted from enactment of House Bill 2162, which requires the Secretary of Health and Human Resources to convene a work group to study barriers to treatment of substance-exposed infants in the Commonwealth. Such work group shall include representatives of the Departments of Behavioral Health and Developmental Services and Health and Social Services and such other stakeholders as the Secretary may deem appropriate and shall (i) review current policies and practices governing the identification and treatment of substance-exposed infants in the Commonwealth; (ii) identify barriers to treatment of substance-exposed infants in the Commonwealth, including barriers related to identification and reporting of such infants, data collection, interagency coordination and collaboration, service planning, service availability, and funding; and (iii) develop legislative, budgetary, and policy recommendations for the elimination of barriers to treatment of substance-exposed infants in the Commonwealth. The Secretary shall report his findings to the Governor and the General Assembly by December 1, 2017. The Secretary assigned the study to DSS because it is already involved with implementing child protective services. DSS is using much of the work that was accomplished by Handle with C.A.R.E. There will be five town hall meetings, one in each of DSS regions across state: Roanoke, Winchester/Frederick, Virginia Beach, and Abingdon based on area-specific issues. The study has to be completed 60 days before submission to Governor and final report due in September. DSS is focusing on developing support systems as the key to successful interventions because mothers in these situations need considerable assistance. However, DSS recognizes that DSS is not the best agency to provide intervention as families often believe that DSS is only there to

remove children from custody and don't see DSS as a potential resource, so other services, such as Home Visitors, will have a significant role in delivering services.

- D. Updates from Members. Mr. Pritchard announced that the Virginia Summer Institute for Addiction Studies will be held July 17–19, 2017.
- E. Discussion on Council Work Plan. The next SASC meeting will be held on July 13, 2017. Dr. Kulberg suggested that the Council hear about the Governor's Executive Leadership Team on Addictions that is charged with developing infrastructure to carry on the work of the Governor's Task Force on Prescription Drug and Heroin Abuse. The Executive Team wants to work with regions to support community coalitions that include a broad spectrum of the community to address the addiction problem at a local level. Some work has already been accomplished to this end. The workgroups were built to establish an infrastructure to carry through governor changes. It was suggested to invite Dr. Melton, Dr. Pratt or someone from the Secretary's Office to discuss this topic.

The Council will have two weeks after the next meeting to finalize a report to the Governor. After hearing the presentations made at this meeting, Ms. O'Dell asked the participants to say one thing they've learned that could be included in the report to the Governor.

- Interventions must include family
- Town halls focus on end users (CSB workers, DSS – the people going out and doing the work) – need to hear their voices and recommendations; also find out what good things they're doing, take that learning and bring it back to formalize.
- Opioid epidemic should be opioid crisis, a more apt description. Addiction is the real problem. A \$19,000 scholarship for graduate level folks working in behavioral healthcare field is available for second year of Master's program. We should focus more on available workforce that is not recognized or utilized.
- Include family members on every policy development committee. Increase multi-systemic approach on everything we're doing and do a better job of data collection and sharing.
- Focus on medical profession coursework and making sure these topics are covered in those; standardization of assessments at hospital /medical.
- There are real barriers to information collection/sharing/standardization. What are the barriers and what can we do about it?
- Multi-disciplinary across systems
- Emergency room discharge plans – bring Secretary's Office in with technology to create a platform for records from hospitals to CSBs.
- Lack of general fund dollars to support primary prevention. All funds going from DBHDS to CSBs to support prevention are federal block grant funds.
- Touchpoints for when to intervene given the short time mom is in hospital – use evidenced-based intervention SBIRT for interaction in hospital with mom while she's there.
- Identify ways to support interagency collaboration

- Primary prevention – look at stopping the problem before it starts by increasing protective factors and decreasing risk factors in community; 86% of women who get pregnant is unintended. Are there services or information in treatment programs for pregnancy prevention?
- Base the response on what has been learned from other public health crisis that utilized state and local stakeholder groups that were successful in getting funding.
- Tobacco addiction needs attention and coalitions could be utilized to address this issue.
- Collaboration between localities, CSBs, law enforcement, etc. that focus on and support community effort. Focus on the opioid crisis and utilize the faith community for programming.

F. **PUBLIC COMMENTS.**

None were offered.

G. **ADJOURNMENT.** Mr. Pritchard 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