MINUTES
OF THE
SUBSTANCE ABUSE SERVICES COUNCIL
MAY 30, 2018
MARY MCMASTERS, M.D., CHAIR
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*
Anna Burton, *Department of Corrections*
Stephanie Arnold, *Department of Criminal Justice Services*
Carole Pratt, *Virginia Department of Health*
Arthur Mayer, *Department of Juvenile Justice*
Ashley Harrell, *Department of Medical Assistance Services*
Ke'Shawn Harper, *Department of Medical Assistance Services*
Jessica Lambert, *Department of Motor Vehicles*
Richard Foy, *Commission on the Virginia Alcohol Safety Action Program*
Henry Harper, *Virginia Foundation for Healthy Youth*
Charles Wilcox, *Virginia Association of Addiction Professionals*
Jamie MacDonald, *Virginia Association of Community Services Boards – Prevention*
Sandra O'Dell, *Virginia Association of Community Services Boards*
Major M. Shawvon, *Virginia Sheriffs' Association*
Marjorie Yates, *Substance Abuse and Addiction Recovery Alliance of Virginia*
Mary McMasters, M.D., *Advocate*

GUESTS:

Cornelia Deagle, *Virginia Department of Health*
Shannon Pursell, *Virginia Department of Health*
Sarah Ball, *Virginia Rural Center*
Andrew Mitchell, Sc.D., Joint Commission on Health Care
Paula Margolis, *Joint Commission on Health Care*
Anne Kisor, Virginia Department of Social Services

STAFF:

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

I. WELCOME AND INTRODUCTIONS. Dr. McMasters 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 APRIL 25, 2018. Ms. Randall made a motion to approve with corrections which was seconded by Ms. Harrell and accepted by voice vote.

III. OLD BUSINESS. No old business reported.

IV. NEW BUSINESS.

A. Report: Barriers to Treating Substance-Exposed Infants Study (HB 2162-2017). Dr. Anne Kisor, Project Manager, Division of Family Services, Virginia Department of Social Services, reported on House Bill 2162 (2017) sponsored by Delegate Pillion, which required the Department of Social Services to convene a workgroup to study barriers to treatment of substance-exposed infants (SEI) in the Virginia. The workgroup included representatives from departments of Behavioral Health and Developmental Services, Health, and Social Services. The purposes of the workgroup included (1) review of current policies and practices governing the identification and treatment of substance-exposed infants in the Commonwealth; (2) identification of 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 (3) development of legislative, budgetary, and policy recommendations for the elimination of barriers to treatment of substance-exposed infants in the Commonwealth.

Study findings are the result of four work group meetings, five regional town halls and 134 responses to a survey on SEI policies and practices circulated to a variety of stakeholders and experts across the Commonwealth. An analysis of all documented comments revealed the consistent identification of the following barriers:

- Collaboration across disciplines and sectors occurs in some localities and regional areas, yet it is far from comprehensive in scope and coverage;
- Absence of a clear understanding of the breadth and totality of resources in the community and what other agencies do;
- Lack of consensus about Plans of Safe Care and other SEI-related mandates, particularly how they apply to specific agencies' responsibilities;
- Limited data collection, and challenges with sharing what data is collected;
- Insufficient services for pregnant and postpartum women, particularly for long-term substance abuse intervention that encompasses the needs of the whole family;
- Insufficient efforts to integrate the father and broader caregiver support system into prevention efforts; and,
- Lack of opportunities for multidisciplinary prenatal intervention.

The same analysis revealed the consisted identification of the following nine categories of recommendations:

- Multi-sector state, regional, and local partners can benefit from working together on this issue (e.g. forming multidisciplinary teams);
- Explore universal screening options (currently required under §54.1-2403.1) and testing as methods to identify more substance-using pregnant women;
- Support a multidisciplinary approach during the prenatal period as the most effective intervention plan;

- Improve the existing referral system between the hospitals and local CSBs as required by COV §32.1-127(6);
- Identify data points to be collected (to include, but not limited to) annual reporting requirements mandated by the federal Child Abuse and Prevention Treatment Act (CAPTA), and a reliable data system to understand both the scope of the problem and the short and long-term outcomes of interventions;
- Increase collaboration between local departments of social services, hospital, adoption agencies, and other partners at the time of hospital discharge of the mother/and/or infant so that all partners and support network can be present to coordinate an approach. Integrate the Plan of Safe Care into the discharge plan and include family members and other caregivers in plan objectives;
- Support a trauma-informed approach to identification and treatment of SEIs and their full family and caregiver constellation;
- Improve availability of home visiting programs to support pregnant women with a substance use disorder (SUD) and/or a SEI to ensure adherence to, and continuity of, the Plan of Safe Care; and,
- Improve workforce development options for local departments of social services, community services boards (CSBs), and other private and community partners related to SEIs. Many professionals do not understand the complexity of the SEI issue

B. Report: Substance-Exposed Infants Plan for Services (HB1157/SB389-2018). Dr. Cornelia Ramsey Deagle, Director, Division of Child and Family Health, Virginia Department of Health (VDH) and Shannon Pursell, Coordinator, Maternal Infant Health, Virginia Department of Health gave an update on the implementation of HB 1157/SB389 (2018): Services for Substance Exposed Infants. They presented the activities in which VDH is already involved that relate to the opioid crisis, specifically that the Commissioner or Health had declared a public health emergency related to the opioid crisis in November 2016 and had established an incident management team to focus its efforts on addressing the emergency. It has extensive data and surveillance programs and also provides screening and treatment for infectious diseases associated with drug use, such as HIV, HepC, and STDs, and is working to establish clean injecting sites. VDH is tracking emergency department (ED) visits related to unintentional opioid overdose as well as for heroin specific overdoses. VDH is also actively supporting the distribution of naloxone through local health departments, emergency medical services (EMS) agencies, and law enforcement, and has hosted regional trainings in how to use naloxone. Local health departments are actively partnering with CSBs to coordinated naloxone (REVIVE!) training events.

   Specific to SEI, VDH is collecting data on infants born with neonatal abstinence syndrome (NAS) throughout the Commonwealth, as wells as those born out of state to mothers who are Virginia residents. Mandatory reporting began November 2017. The data collection includes the gender of the baby, the severity of NAS symptoms and other key diagnostic elements. The legislation passed in 2018 requires (1) the use of trauma informed approaches to identification and screening of infants and caregivers; (2) improving screening and identification of pregnant women with SUD; (3) use of multi-disciplinary approaches for intervention and service delivery pre and postnatal; (4)

referral to services; participation by DSS, DBHDS, CSBs/BHAs, local health departments, the Virginia chapters of American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.

In the coming months, VDH will lead an environmental scan with these partners as well as other key players and will use the information from the scan to identify and prioritize needs and services for the maternal and child health population. VDH will identify the current capacity to address these needs and gaps in services; prioritize resources; development implementation strategies that are population and provider specific and that incorporate national standards.

C. Summarize Points from Presentation. In preparation for the Council's report to the Governor, members and guests were asked to share their responses to the presentations.
   - Glad to hear about the change from punitive to treatment model that encourages women to seek help.
   - Some local health departments are integrating family planning clinics into CSBs (Henrico)
   - Virginia Department of Health has developed a resource list of grant opportunities for funding for law enforcement purchase of naloxone.
   - Alcohol issues need more exposure and the Department of Alcohol Beverage Control is willing to collaborate or be a resource.
   - Medicaid has contracted with VCU to do an evaluation of the impact of the ARTS waiver on infants born with substance exposure.
   - Working with federally qualified health centers being able to have primary care and substance use disorder treatment.
   - There are access issues and lack of providers in ARTS program. DMAS has posted Google maps on the ARTS webpage to identify where providers are.
   - Excited to hear about working to keep the substance exposed infant with the mother after delivery, especially with doctor working towards reunification.
   - More focus could be placed on drug-impaired driving; some of the data collected will be helpful.
   - In regards to the approach of keeping mothers and infants together - is the right data being collected to provide information that can be the foundation of policy moving forward? By necessity, data is collected retroactively and not in a research design of comparing conditions. Dr. Deagle indicated that data collection is looking at how to intervene earlier (linking vital statistics, sharing in other meaningful ways); trying to link data to track individuals to see what kind of interventions will work best.
   - Lack of treatment and support resources for pregnant women with SUD.
   - Barriers to using medication assisted treatment (MAT) with pregnant women.
   - Lack of obstetrical care for pregnant women with SUDs.
   - At DCJS, punitive action is unavoidable, but this is in the direction they're going with providing more comprehensive services (behavioral health, substance abuse) to jail population. However, jails are not set up to solve social problems.
   - Keep thinking about the many touch points we have to try to reach women: expand Project LINK (nine sites recently expanded), try to get more services to the

community, and how to engage early intervention. Hopefully look at expanding MAT with nurse practitioners.

- Need more access to rural areas.
- The Department of Juvenile Justice (DJJ) is working with Dr. Mark Fishman on developing an MAT program. DJJ would like to know more about what they could do for prevention and re-entry services.
- Prevention is needed.
- Far southwest is now dealing with second/third generation of substance abuse. Most families been affected by opioid crisis. The problem lies in lack of money and services. They have clinics (methadone, etc.) and buprenorphine pill mills in adjoining states. Law enforcement finds themselves in a position of taking child from women who are using. It's frustrating hearing about data collection and Medicaid expansion when the problem is simple, but the solution is hard. The solution has to start at the top.

V. PUBLIC COMMENTS. There were no public comments.

VI. ADJOURNMENT. The meeting was adjourned.

Respectfully submitted,

Kate Marshall
Staff to the Council