

MINUTES
SUBSTANCE ABUSE SERVICES COUNCIL
MAY 10, 2012
RICHMOND, VIRGINIA

MEMBERS PRESENT:

Stephanie Arnold, *Department of Criminal Justice Services (DCJS)*
Senator George Barker, *Virginia State Senate*
Wayne Barry, *Virginia Department of Education (VDOE)*
Tim Carter, *Virginia Sheriffs' Association (VSA) - via teleconference*
Sue Cantrell, M.D., *Department of Health (DOH) – via teleconference*
Sherry Confer, *Department of Medical Assistance Services (DMAS)*
Richard Foster, *Virginia Foundation for Healthy Youth (VFHY)*
Robert Johnson, *Virginia Association of Community Services Board (VACSB)*
Jamie MacDonald, *Virginia Association of Community Services Boards/Prevention (VACSB-Prevention)*
Art Mayer, *Department of Juvenile Justice (DJJ)*
Jean Mottley, *Department of Corrections (DOC)*
Ron Pritchard, *Virginia Association of Alcoholism and Drug Abuse Counselors (VAADAC)*
Mellie Randall, *Department of Behavioral Health and Developmental Services (DBHDS)*
Patricia Shaw, *Virginia Drug Court Association (VDCA)*
Delegate Mark D. Sickles, *Virginia House of Delegates*
Diane Williams, *Substance Abuse Certification Alliance of Virginia (SACAVA)*
William Williams, *Virginia Association of Community Services Boards/ SA Council (VACSB-SA)*

GUESTS:

Trent Armitage, *Legislative Assistant, Delegate Mark Sickles*
Mark Blackwell, *Substance Abuse and Addiction Recovery Alliance (SAARA)*
Martha Kurgans, *DBHDS*
Becky Bowers Lanier, *Legislative Consultant to VACSB*
Rhonda Thissen, *DBHDS*
Susan Williams, *Department of Corrections (DOC)/Behavioral Health Advisory Council (BHAC)*

STAFF:

Lynette Bowser, *DBHDS*
Karen DeSousa, *Office of the Attorney General*
Julie Truitt, *DBHDS*

- I. WELCOME AND INTRODUCTIONS:** The meeting was called to order by the Chair, Will Williams, with introductions by those in attendance.
- II. REVIEW AND APPROVAL OF MINUTES OF MARCH 27, 2012 MEETING:** A motion was made by Ron Pritchard and seconded by Delegate Sickles to approve the minutes of the March 27 meeting. The minutes were approved.
- III. OLD BUSINESS:**

A. LEGISLATIVE UPDATE

- House Bill 1289/SB 634: Ms Randall clarified questions from the last Council meeting regarding specific language related to HB1289/SB634. The bills address language related to the Health Practitioners Monitoring Program. This program provides confidential services for the health practitioner, who may be impaired by any physical or mental disability, or who suffers from chemical dependency. The language previously focused only on physical or mental disabilities which included substance use disorders. The suggested bill amendment language proposed changes to the definition of impairment so that it would include psychological or behavioral disability. There was also language about mismanagement of counter-transference. Members were provided with a handout of the bill which indicated the suggested changes. Ms. Randall stated that the bills were defeated.

- House Bill 507: This bill concerned reporting infants exposed to alcohol or other drugs *in utero* to local departments of social services for follow-up investigation and referring the mother to the local community services board for SA services. . The passage of this bill expands who may make the report, from physicians to include reporting by health care providers, as well as the time period the health care provider may file the report, which depends on the probable diagnosis of the child, the substances used, and other variables. Members were provided with a copy of the bill.

B. BEHAVIORAL HEALTH ADVISORY COUNCIL (BHAC) PREVIOUSLY THE MENTAL HEALTH PLANNING COUNCIL

Dr. Susan Williams, Chair of the BHAC followed up on the discussion from the last SASC meeting regarding the federal requirement of the Community Mental Health Services Block Grant that each state establish a Behavioral Health Planning Council (BHPC) to replace the current Mental Health Planning Council (MHPC). The purpose of the BHPC is primarily focused on reviewing the state's application for federal CMHS and SAPT Block Grant funds. Virginia has opted to accomplish this by incorporating representatives from the substance abuse community (providers, persons in recovery and family members) into the existing Mental Health Planning Council. Due to state agency and other organizations that will have membership in both the Behavioral Health Planning Council and the Substance Abuse Services Council, the leadership of both entities will make a deliberate effort to communicate concerning shared concerns.

Ms. Rhonda Thissen stated that a new structure for the Behavioral Health Advisory Council is being developed. It is likely that a seat will be added to the Behavioral Health Council for a member of the Substance Abuse Services Council. She will keep members apprised of the new structure.

C. OTHER OLD BUSINESS

There was no other old business.

IV. NEW BUSINESS:

A. OVERVIEW HEALTH CARE REFORM:

Mr. Enzo Pastore, Director of Health Policy, State Associations of Addiction Services (SAAS) provided an overview of implementation of the Patient Protection and Affordable Care Act (PPACA) as it relates to treatment and prevention services for substance use disorders.

SAAS represents 43 state associations across the country. These associations represent over 7,000 providers of addiction and behavioral health services. The mission of SAAS is to ensure available and accessible quality behavioral health and substance use treatment, prevention as well as education and other services. SAAS is an information broker and an advocate linking state association members with national developments.

A year ago, SAAS began a project called “*Moving the Field Forward*” to help SA providers get ready for implementation of PPACA. Six states, including Virginia, were selected among a competitive field to receive targeted, intensive technical assistance and guidance resources. The other states selected include Indiana, Iowa, Michigan, Oklahoma and Illinois. The goals of the project are to help the selected states

- ensure that addiction and behavioral health services receive the attention and focus regarding implementation of PPACA;
- provide training, technical assistance, guidance and resources for advocacy, outreach, education and monitoring legislation and regulations;
- identify potential partners in primary care with integration as an aspect of healthcare reform implementation;
- develop policies to ensure that current and future regulations support the intent of federal legislation, which is to make health care accessible to everyone who needs it;
- develop a state specific advocacy tool kit; and
- partner with other Virginia SA provider organizations.

Mr. Pastore discussed the impact of health care reform on adults 18-64 who have serious mental illness, serious psychological distress, or substance use disorders. These types of diagnosis comprise about 6.0% of the current Medicaid population. By 2014, this proportion is expected to increase to 20.8%, with the Medicaid expansion. In the health insurance exchange, the proportion is projected to reach 23.0% for the state.

Mr. Pastore identified the following key elements regarding implementation of the PPACA:

- More people will have insurance coverage;
- Medicaid will share a larger role in MH and substance use disorder treatment;
- There will be a focus on primary care and coordination with specialty care;
- There will be a major emphasis on moving away from institutional care towards home and community based services.

Mr. Pastore further discussed the key elements, identification of service needs, delivery of behavioral health services, drivers of access, provider issues, integration, and next steps in health care reform.

Mr. Pastore discussed the impact of healthcare reform on people in the criminal justice system. He reviewed the extent of the problem of substance abuse on the criminal justice system indicating that untreated substance abuse adds significant costs to communities. Successful drug abuse treatment in criminal justice system can help reduce crime, the spread of HIV/AIDS, hepatitis and other infectious diseases. Studies show treatment can reduce criminal activity. Outcomes for persons with substance use disorders can be improved by cross-agency coordination and collaboration of criminal justice professionals, substance use treatment and other social service agencies.

Mr. Pastore also covered essential health benefits (EHBs). The design of the essential health benefits (EHB) will have a direct impact on the health and well-being of over 70 million Americans. EHB provides the opportunity to address the health needs of 25 million Americans with untreated MH and/or SUD. The Center for Medicare and Medicaid Services issued a guidance bulletin regarding essential health benefits which indicates how the federal government wants to establish EHB. The PPACA explicitly requires that the state's EHB package include MH and SUD services in a manner consistent with the Mental Health Parity and Addiction Equity Act (MHPAEA).

Mr. Pastore recommended that every state be in the process of deciding how their benchmark plan will be configured. The federal government is requiring states to make this decision by the third quarter of this year. SAAS is attempting, state by state, to meet with policy makers to advocate for persons with MH and SUDs. The state has to insure that the plan it chooses includes behavioral health and substance use services. States will have to decide co-pays, and limitations, if any, on services. He suggested that the Council may be a voice to advocate to the state and policy makers regarding the best possible coverage options and bring awareness regarding potential issues related to specific options.

B. SUBCOMMITTEE TO ADDRESS HEALTH CARE REFORM:

Senator George Barker provided an update regarding the discussions in the Health Care Reform Task Force. He suggested that the Council is a body that may be able to provide recommendations to assist in the decision making process. Insurers may not be knowledgeable about the appropriate professional credentials for providers of SA services to be eligible for reimbursement. The role of peer services must be addressed, and several sources indicate that the federal block grant amounts may be reduced.

Additionally, there must be a continued effort to provide education regarding not only the individual and societal benefits of providing MH and SUD treatment, but also provide information regarding parity issues and SUD in terms of being a legitimate health concern that should be addressed as part of health care reform. There are two more scheduled meetings of the task force and advocates are encouraged to speak regarding these issues. The meetings are open to the public.

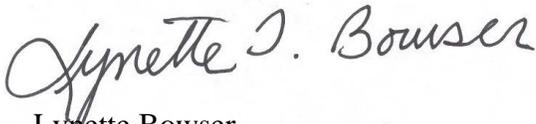
C. NOMINATIONS FOR VICE-CHAIR: Tabled to next meeting.

D. SCHEDULING OF 2012 MEETING DATES AND TOPICS: The Chair asked that members submit to Ms. Randall or Ms. Truitt dates and topics/agenda items for upcoming meetings. Council members will then vote on the dates and topics to set the schedule for the remainder of 2012.

V. PUBLIC COMMENT: There were no comments from the public.

VI. ADJOURNMENT: With there being no further business a motion was made and seconded to adjourn the meeting.

Respectfully submitted,

A handwritten signature in cursive script that reads "Lynette J. Bowser". The signature is written in black ink and is positioned above the printed name.

Lynette Bowser