

SUBSTANCE ABUSE SERVICES COUNCIL

ANNUAL REPORT

2017

to the Governor and

the

General Assembly



COMMONWEALTH OF VIRGINIA

October 1, 2017



COMMONWEALTH of VIRGINIA

Sandra O'Dell
Chair

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October 1, 2017

To: The Honorable Terence R. McAuliffe
And Members, Virginia General Assembly

In accordance with §2.2-2696 of the *Code of Virginia*, I am pleased to present the 2017 Annual Report of the Substance Abuse Services Council. The *Code* charges the council with recommending policies and goals relating to substance abuse and dependence and with coordinating efforts to control substance abuse. It also requires the council to make an annual report on its activities. The membership of the council includes representatives of state agencies, delegates, senators and representatives of provider and advocacy organizations appointed by the Governor.

On behalf of the council, I appreciate the opportunity to provide you with our annual report detailing the council's study of several critical issues. We hope it will contribute to improving the lives of the many Virginians affected by substance use disorders.

Sincerely,

A handwritten signature in blue ink that reads 'Sandra O'Dell'.

Sandra O'Dell

cc: The Honorable William A. Hazel, Jr., M.D., Secretary of Health and Human Resources
The Honorable Dietra Trent, Ph.D., Secretary of Education
The Honorable Brian Moran, Secretary of Public Safety and Homeland Security
Jack Barber, M.D., Interim Commissioner, Department of Behavioral Health and
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**ANNUAL REPORT
OF THE SUBSTANCE ABUSE SERVICES COUNCIL
TO THE GOVERNOR AND THE GENERAL ASSEMBLY
2017**

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**ANNUAL REPORT
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2017**

Introduction

The Substance Abuse Services Council (Council) is established in the *Code of Virginia* [§2.2-2696] to advise the Governor, the General Assembly and the State Board of Behavioral Health and Developmental Services on matters pertaining to substance abuse in the Commonwealth. As required, the Council met four times during 2017 (March 15, April 12, May 10 and July 13). All meetings were conducted in the metropolitan Richmond area. Meeting notices and approved minutes are posted on the Council's web page at www.dbhds.virginia.gov/about-dbhds/boards-and-councils/substance-abuse-services-council. Presentations and other information distributed at the meetings are also available at this website.

The contents of this report cover the activities of the Council in calendar year 2017. During this period, the Substance Abuse Services Council continued to study and discuss critical topics related to the prevention and treatment of substance abuse in the Commonwealth, with a particular focus on opioid addiction through the lens of youth and families.

The following sections describe the Council's activities and recent developments that informed the Council's discussion.

Virginia State Targeted Response (STR) Opioid Grant

The Department of Behavioral Health and Developmental Services (DBHDS) provided an overview of the STR to the opioid crisis grant issued by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). These funds were made available as a result of the federal 21st Century CURES Act and may be available for a second year. The grant includes funding for prevention, treatment, and recovery activities. Virginia received \$9.7 million for one year from this source to address the opioid crisis. Eighteen community services boards (CSBs) will receive \$5 million to support medication assisted treatment (MAT) and other clinical care for individuals with opioid use disorders (OUD). The CSBs were selected on the basis of epidemiological work and strategic planning that had been conducted for a previous grant. Funding will also support increased access to naloxone through local health departments and training for child welfare workers and professionals who provide in-home services for families at risk of substance use disorders. In addition, this grant will support training for prescribers in identifying and intervening with individuals who may have a substance use disorder and in best practices for pain management. Also, funds will be used to improve how data collected in the Prescription Monitoring Program is used to help with planning for treatment and prevention services. Finally, the grant invests in prevention and recovery services. Prevention funds will support strategic planning based on epidemiologic data and community input in communities served by 35 CSBs and will help these communities implement evidence-based prevention strategies. Recovery activities will include increased access to peer supports and implementation of five regional projects that will establish "warm lines" staffed by peers and peer-led

interventions in emergency departments with individuals who have survived an opioid overdose.

Federal Bureau of Justice Assistance CARA Grant

The Comprehensive Addiction and Recovery Act (CARA) made funding available to a variety of state, local, and other organizations to address the opioid crisis. The Department of Criminal Justice Services (DCJS), in collaboration with DBHDS, applied for funding targeted to individuals who are involved with the criminal justice system and who have opioid use disorders (OUD). The grant application was for \$850,000 for one year of planning (\$100,000) and one year of services (\$750,000) based on that plan. Announcements about this award will be made by the end of September 2017.

Governor's Opioid Executive Task Force State and Local Workgroups

The Governor's Task Force on Prescription Drug and Heroin Abuse was convened in 2014 by Governor McAuliffe. Its year-long work resulted in over 50 recommendations and nine legislative initiatives. Among the bills put forth in 2017, legislative changes resulted in the areas of mandated e-prescribing, naloxone dispensing by community organizations, peer recovery registration, substance-exposed infants, and harm reduction pilot programs. Changes were made in the Boards of Medicine and Dentistry's pain management regulations to restrict initial acute pain opioid prescriptions and to co-prescribe naloxone and to limit co-prescribing of other medications that increase risk of death when taken with opioids, such as benzodiazepines and sedative hypnotics. Further, the Board of Medicine promulgated addiction treatment regulations requiring that medication used in MAT be prescribed only alongside counseling, as well as requiring that prescribers provide buprenorphine/naloxone products, which are less likely to be diverted or abused than the buprenorphine monoprodukt, with an except for pregnant women.

As a result of the Task Force completing its work, there was a need to develop an ongoing governance structure to ensure continued focus/collaboration over time. As a result, an executive leadership team was established to make sure work on addiction issues continues, with a wide focus on addiction with the opioid crisis as a critical problem.

This team is working 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. This team is charged with the implementation and oversight of recommendations generated by the Task Force, as well as new ideas, recommendations, and initiatives in the areas of public safety and health response to the shifting nature of Virginia's opioid and addiction epidemic.

There is strong recognition that much of the work to address the opioid epidemic must be accomplished at the local level. Per the establishing Executive Directive, the leadership team will: collaborate with local entities, task forces and agencies to develop a consistent state, regional and local response; work with federal, state and private entities to leverage existing resources and identify grant opportunities; and integrate and analyze data from healthcare, law enforcement and other sources to increase understanding of and improve response to the dynamic opioid challenge in Virginia.

Update on DMAS Addiction and Recovery Treatment Services (ARTS)

The state also undertook an initiative to expand the types of substance use disorder treatment services reimbursed by Medicaid as a result of an additional \$8 million appropriated by the General Assembly in the 2016 Session. The funding has also allowed the Department of Medical Assistance Services (DMAS) to improve the rates that Medicaid paid for these services. Developed in close collaboration with DBHDS, the services align with the continuum of care described by the American Society of Addiction Medicine (ASAM) and include coverage for medication assisted treatment. The use of the ASAM criteria and continuum of care assure that Medicaid beneficiaries receive the appropriate level of care for the appropriate length of time and that services will be person-centered and recovery-oriented. The expansion is expected to produce good clinical outcomes and result in reduced overprescribing of pain medications, increased awareness of neonatal needs, and fewer diverted opioid prescriptions.

Prevention Services

DBHDS and CSBs use the Behavioral Health Continuum of Care Model to implement prevention services across the commonwealth. This model focuses both on promotion (strategies to support behavioral health) and prevention (interventions delivered prior to the onset of a disorder to prevent or reduce the risk of developing a behavioral health problem, such as alcohol and drug use/misuse). Substance use and misuse is a community issue requiring a community response, with community coalitions being the key to making change at the local level. Coalitions can also guide environmental changes in support of promotion and prevention, which in turn supports change in health practice and policy. DBHDS allocates federal funds to the 40 CSBs to support evidence-based prevention services. Each CSB is required to develop a strategic plan which includes input from their community coalitions.

Paradigms are shifting to include integration of substance abuse prevention, mental health promotion, and primary care across the lifespan. The development of prevention systems to deliver services based on the Strategic Prevention Framework (SPF) allows for a focus on population level and environmental change strategies complimented by individual/family strategies to target those at greatest risk. As the first step of a SPF, all of the CSBs have completed a needs assessment. DBHDS has developed a data dashboard containing social indicators related to community health and wellness for each jurisdiction. Communities and DBHDS use this data to establish priorities and determine areas of need, such as in determining selection of CSBs for the STR Opiate grant.

DBHDS also has a role in reducing youth access to tobacco as required by the SAMHSA Prevention and Treatment Block Grant and the SAMHSA Partnerships for Success grant which focuses on reducing use of opioids among youth and young adults. Additional prevention efforts include the Virginia Family Wellness Initiative, Mental Health First Aid, and Suicide Prevention efforts. All of these prevention efforts are supported with federal funds; no state general funds are dedicated to prevention services.

Handle with C.A.R.E.

DBHDS leads the Handle with C.A.R.E. initiative and Plans of Safe Care for substance exposed infants. According to SAMHSA's National Survey on Drug Use and Health (NSDUH), 10 percent of pregnant women use alcohol or drugs during their pregnancy. This means that in Virginia, of the approximately 100,000 infants born each year, 10,000 are substance exposed. Given this area of need, DBHDS was one of six states selected to receive Substance Exposed Infants In-Depth Technical Assistance from the National Center for Substance Abuse and Child Welfare (NCSACW). This initiative provided technical assistance from January 2014 through August 2016, and NCSACW has continued to work with Virginia.

The three initial goals for the project were that state agencies would:

1. Adopt a shared vision and coordinated systems approach that includes outreach, referral, medical care, behavioral health and child welfare treatment services.
2. Evaluate the implementation and effectiveness of state laws that address perinatal substance use, and identify needed updates and changes as well as strategies to improve their implementation.
3. Develop a system of care that ensures that all women of child bearing age receive screening, brief intervention and referral to treatment services for behavioral health risks.

Virginia's implementation team includes representatives from DBHDS, the Department of Health, the Department of Social Services (DSS), DMAS, the Home Visiting Consortium, managed care organizations, the Virginia Hospital and Healthcare Association and prenatal care providers. This team oversees the work of three workgroups: legislation, substance exposed infants, and maternal health. The legislative workgroup is focused on improving the implementation of existing statutes and developing CSB guidelines to facilitate prenatal and postpartum hospital referrals. The maternal workgroup's focus is on standards and services for opioid dependent women, especially engaging treatment providers in holistic case management services for these women and their babies, and connecting hospitals to treatment providers to ensure a smooth transition in services. The substance exposed infant workgroup identified treatment standards for the infants and developing plans of safe care, along with close collaboration among systems. A plan of safe care provides a roadmap for mother and infant to ensure optimal health and development and support of families' ability to provide necessary care, and addresses the infant's and the family's needs both during pregnancy and after delivery. It is an individualized, multidisciplinary plan, ideally started during pregnancy and extending through childhood. The plan is guided by the preference for keeping mothers, infants, and families together and does not presume abuse or neglect. It addresses the mother's and the infant's strengths and challenges, and includes follow up plans that focus on longer-term well-being of the infant, mother and family.

Substance Exposed Infant Barriers to Treatment Study

DSS has continued the work started with Handle with C.A.R.E. DSS is leading an effort to address HB 2162 (substance-exposed infants; study of barriers to treatment in Commonwealth), enacted in the 2017 Session. DSS is conducting five town hall meetings, one in each of the DSS regions across

the state, to identify area-specific issues. A support system for the mother is a critical component of successful intervention.

Conclusion and Recommendations

During the Council meetings this year, members heard a variety of presentations focusing their attention on the impact of the opioid epidemic on youth and families. Based on discussion of topics that included early intervention with infants and families, prevention efforts, enhanced service provision with the ARTS initiative, and ongoing statewide collaboration for the purpose of sharing data and resources, Council members have prioritized areas of need and respectfully offer the following recommendations for policy and funding.

Policy

- Monitor the work that the Department of Health Professions is leading to develop a core curriculum for training health care providers in the safe and appropriate use of opioids to treat pain and minimize the risk of addiction and substance abuse. This work is being conducted to comply with HB2161 (2017).
- Monitor workforce development issues as the need for expanded capacity for substance use disorder treatment will be impacted by availability of qualified professionals to provide services.

Funding

- For primary prevention of underage access to alcohol and tobacco, and substance use disorders, building on community-based efforts currently supported exclusively by federal grants.
- For age appropriate treatment of substance use disorders and co-occurring mental illness in youth age 16-25.
- For the development of Recovery High Schools and college environment supports for young people in early recovery from substance use disorders.
- For law enforcement programs that provide diversion from the criminal justice system by providing treatment alternatives to the criminal justice system.
- For training and development of a knowledgeable and skilled workforce to provide substance use disorder prevention, treatment and recovery services based on current scientific research, person-centered, and culturally and developmentally appropriate.
- For advance practice residencies for physicians to provide intensive clinical training in treating individuals with substance use disorders in a variety of practice and specialty settings.

In closing, Council members noted the importance of recognizing that opioids are the “tip of the iceberg” for addiction issues in the commonwealth and have stressed the need to maintain awareness of other challenges and trends. Members feel that it is critical that state funds support implementation of ideas and solutions that have been tested – not to shut down innovation, but to allow for refinement rather than reinvention. In addition, it is critical that agencies continue to collaborate through the change in administration, with executive level and community workgroups working in partnership for positive outcomes for all Virginians.

APPENDICES

§ 2.2-2696. Substance Abuse Services Council

A. The Substance Abuse Services Council (the Council) is established as an advisory council, within the meaning of § 2.2-2100, in the executive branch of state government. The purpose of the Council is to advise and make recommendations to the Governor, the General Assembly, and the State Board of Behavioral Health and Developmental Services on broad policies and goals and on the coordination of the Commonwealth's public and private efforts to control substance abuse, as defined in § 37.2-100.

B. The Council shall consist of 30 members. Four members of the House of Delegates shall be appointed by the Speaker of the House of Delegates, in accordance with the principles of proportional representation contained in the Rules of the House of Delegates, and two members of the Senate shall be appointed by the Senate Committee on Rules. The Governor shall appoint one member representing the Virginia Sheriffs' Association, one member representing the Virginia Drug Courts Association, one member representing the Substance Abuse Certification Alliance of Virginia, two members representing the Virginia Association of Community Services Boards, and two members representing statewide consumer and advocacy organizations. The Council shall also include the Commissioner of Behavioral Health and Developmental Services; the Commissioner of Health; the Commissioner of the Department of Motor Vehicles; the Superintendent of Public Instruction; the Directors of the Departments of Juvenile Justice, Corrections, Criminal Justice Services, Medical Assistance Services, and Social Services; the Chief Operating Officer of the Department of Alcoholic Beverage Control; the Executive Director of the Governor's Office for Substance Abuse Prevention or his designee; the Executive Director of the Virginia Foundation for Healthy Youth or his designee; the Executive Director of the Commission on the Virginia Alcohol Safety Action Program or his designee; and the chairs or their designees of the Virginia Association of Drug and Alcohol Programs, the Virginia Association of Alcoholism and Drug Abuse Counselors, and the Substance Abuse Council and the Prevention Task Force of the Virginia Association of Community Services Boards.

C. Appointments of legislative members and heads of agencies or representatives of organizations shall be for terms consistent with their terms of office. Beginning July 1, 2011, the Governor's appointments of the seven non-legislative citizen members shall be staggered as follows: two members for a term of one year, three members for a term of two years, and two members for a term of three years. Thereafter, appointments of non-legislative members shall be for terms of three years, except an appointment to fill a vacancy, which shall be for the unexpired term. The Governor shall appoint a chairman from among the members for a two-year term. No member shall be eligible to serve more than two consecutive terms as chairman. No person shall be eligible to serve more than two successive terms, provided that a person appointed to fill a vacancy may serve two full successive terms.

D. The Council shall meet at least four times annually and more often if deemed necessary or advisable by the chairman.

E. Members of the Council shall receive no compensation for their services but shall be reimbursed for all reasonable and necessary expenses incurred in the performance of their duties as provided in §§ 2.2-2813 and 2.2-2825. Funding for the cost of expenses shall be provided by the Department of Behavioral Health and Developmental Services.

F. The duties of the Council shall be:

1. To recommend policies and goals to the Governor, the General Assembly, and the State Board of Behavioral Health and Developmental Services;
2. To coordinate agency programs and activities, to prevent duplication of functions, and to combine all agency plans into a comprehensive interagency state plan for substance abuse services;
3. To review and comment on annual state agency budget requests regarding substance abuse and on all applications for state or federal funds or services to be used in substance abuse programs;
4. To define responsibilities among state agencies for various programs for persons with substance abuse and to encourage cooperation among agencies; and
5. To make investigations, issue annual reports to the Governor and the General Assembly, and make recommendations relevant to substance abuse upon the request of the Governor.

B. Staff assistance shall be provided to the Council by the Office of Substance Abuse Services of the Department of Behavioral Health and Developmental Services.

(1976, c. 767, § 37.1-207; 1977, c. 18; 1978, c. 171; 1979, c. 678; 1980, c. 582; 1984, c. 589; 1990, cc. 1, 288, 317; 1998, c. 724; 1999, c. 614; 2005, cc. 713, 716; 2009, cc. 424, 554, 813, 840; 2011, cc. 691,714.)

**SUBSTANCE ABUSE SERVICES COUNCIL
2017 MEMBERSHIP ROSTER**

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