

SUBSTANCE ABUSE SERVICES COUNCIL

ANNUAL REPORT
2018

*to the Governor and
the
General Assembly*



COMMONWEALTH OF VIRGINIA

October 1, 2018



COMMONWEALTH of VIRGINIA

Mary McMasters, MD
Chair

Substance Abuse Services Council
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October 1, 2018

To: The Honorable Ralph Northam
and
Members, Virginia General Assembly

In accordance with §2.2-2696 of the *Code of Virginia*, I am pleased to present the 2018 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 cursive script, appearing to read "Mary McMasters".

Mary McMasters, MD

xc: The Honorable Daniel Carey, M.D., Secretary of Health and Human Resources
The Honorable Atif Qarni, Secretary of Education
The Honorable Brian Moran, Secretary of Public Safety and Homeland Security
S. Hughes Melton, M.D., Commissioner, Department of Behavioral Health and
Developmental Services
Paula Mitchell, Chair, State Board of Behavioral Health and Developmental Service

**ANNUAL REPORT
OF THE SUBSTANCE ABUSE SERVICES COUNCIL
TO THE GOVERNOR AND THE GENERAL ASSEMBLY
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Introduction

The Substance Abuse Services 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 2018 (March 28, April 25, May 30, and June 27.) All meetings were conducted in the metropolitan Richmond area. Meeting notices and approved minutes are posted on the Council's web page at <http://www.dbhds.virginia.gov/about-dbhds/Boards-Councils/SASC>. 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 2018. During this period, the Council continued to study and discuss critical topics related to the prevention and treatment of substance abuse in the Commonwealth, with a continued focus on opioid addiction as it affects youth and families.

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

Education about Addiction

Dr. Mary McMasters, Council chair and noted addiction specialist, provided an overview of addiction for Council members and guests, with the purpose of providing a common understanding of the problem that the Council has undertaken to study. Three major accepted sources for definitions of substance use disorders were cited: the Diagnostic and Statistical Manual V (DSM V), American Society of Addiction Medicine (ASAM), and the International Code of Diseases (ICD). She stressed that recovery is possible when the person takes responsibility for managing his or her disease, just as with any chronic disorder. She stressed that good quality treatment assures that the person receives the right intensity of care in the right setting for the right duration provided by professionals who are appropriately trained. Medications including methadone, buprenorphine, and naltrexone can play an important role in treatment when combined with counseling and support. She noted that most medical students receive a very limited amount of training about addiction, so it is important to seek services from a qualified professional.

State Targeted Response (STR) Opioid Grant

The Department of Behavioral Health and Developmental Services (DBHDS) was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) grant of \$9.7 million per year for two years to address the opioid crisis, beginning May 2017. These funds were made available as a result of the federal 21st Century CURES Act. Funds are being used for prevention, treatment, and recovery activities. Initially, 18 community services boards (CSBs) received \$5 million to support medication assisted treatment (MAT) and other clinical services for individuals with opioid use disorders (OUD); an additional six CSBs were included in February of 2018. Grant funds were also used to support MAT at Henrico County Jail, which had an existing substance use disorder treatment program for inmates. Funding also supported

increased access to naloxone through local health departments and training for child welfare workers and professional who provide in-home services for families at risk of substance use disorders. Funds supported the use of Project ECHO®, a telemedicine model, to provide ongoing training and clinical consultation to physicians utilizing buprenorphine; this project is being managed by the Virginia Department of Health. Funds also supported the establishment of warm lines operated by peer recovery specialists, and pilot projects that place peer recovery specialists in emergency departments to provide ongoing support to individuals who have survived an opioid overdose.

Grant-supported prevention activities were focused on 35 CSBs and included strategic planning using epidemiologic data and community input from their communities. This information was used to help implement evidence-based prevention strategies.

The first year funding came to an end April 30, 2018; notification was received that the second year funds of \$9.7 million have been awarded for May 1, 2018 – April 30, 2019. Services supported by these funds are being continued and several special projects are being added.

Federal Bureau of Justice CARA Grants

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) and DBHDS are collaborating on the Virginia Comprehensive Opioid Planning Grant to develop a plan to utilize MAT for individuals with opioid use disorder who are in custody or supervision of local community corrections. Another CARA-funded grant, Technology Innovation for Public Safety (TIPS) Data Grant, is providing funding for a pilot to collaborate and use data from public safety and public health sources to improve the response to the opioid crisis in the Shenandoah Valley.

Pregnant and Postpartum Women (PPW) Grant

Virginia is one of three states to be awarded a grant from SAMHSA that focuses on providing services to pregnant and postpartum women. This three year grant provides just over \$1 million per year to support implementation at nine sites throughout the state: four in Southwest, three in Central Virginia, and two in Southeast Virginia. The project expands the existing Project Link model, which provides intensive case management and home visiting services to pregnant and parenting women who are at risk or are currently abusing substances. Goals include reducing abuse of alcohol and other drugs, increasing engagement in treatment services, increasing retention in the appropriate level and duration of treatment (the right level of treatment at the right time,) ensuring that opiate-dependent women have access to appropriate medication assisted treatment and support services, and enhancing parenting and family functioning. Project Link staff work with medical, child welfare, social services and SUD treatment providers to develop and implement services and supports that remove barriers to pregnant and postpartum women, their newborns and their other children. This project provides a “no wrong door” approach for women to receive services by setting up a framework for local health departments, departments of social services and the CSBs to work closely with other community resources to provide practical and clinical supports to the women and their families. Services include

obstetrical and gynecological care, medication assisted treatment for opioid use disorder, and help for dependent children. It incorporates evidence-based practices including screening, brief intervention, referral to treatment (SBIRT), Nurturing Parenting Program for Families Affected by Substance Use, home visiting, and strength-based alternative therapies such as yoga and meditation. The frequency of trauma history is significant in this population, so evidence-based trauma-informed models are also utilized. The model leverages existing resources in order to meet the multiple needs of pregnant and postpartum women and their children whose lives are affected by substance abuse. Culturally and linguistically appropriate services are offered, and client feedback is solicited on performance improvement strategies.

Barriers to Treating Substance-Exposed Infants Study (HB 2162-2017)

House Bill 2162 (2017 General Assembly Session), sponsored by Delegate Pillion, required the Department of Social Services (DSS) to convene a workgroup to study barriers to treatment of substance-exposed infants (SEI) in Virginia. The workgroup included representatives from the Department of Behavioral Health and Developmental Services, Department of Health, and Department of Social Services. The purposes of the workgroup included (1) review of current policies and practices governing the identification and treatment of SEI in the Commonwealth; (2) identification of barriers to treatment of SEI 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 SEI in the Commonwealth.

An analysis of documented comments from four workgroup meetings, five regional town halls, and 134 responses to a survey of SEI policies and practices circulated to stakeholders and experts across the Commonwealth, revealed the following common 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 activities, 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
- Lack of opportunities for multidisciplinary intervention.

The same analysis identified nine categories of recommendations, including: multidisciplinary teams consisting of multi-sector state, regional and local partners; universal screening options; supporting a multidisciplinary approach during the prenatal period as the most effective intervention plan; improving the existing referral system between hospitals and CSBs; identify data points to be collected and a reliable data collection system; increase collaboration between

local DSS, hospitals, adoption agencies, and other partners at the time of hospital discharge of the mother/infant, and integrate the Plan of Safe Care into the discharge plan; support a trauma-informed approach to identification and treatment of SEIs and their family/caregiver; improve availability of home visiting programs to support pregnant women with a substance use disorder (SUD) and/or a SEI; and improve workforce development options for local departments of social services, CSBs and other private and community partners related to SEIs.

Substance-Exposed Infants Plan for Services (HB 1157-2018)

Virginia Department of Health (VDH) is collecting data on infants born with neonatal abstinence syndrome (NAS) throughout the Commonwealth, as well as those born out of state to mothers who are Virginia residents. Data collection includes 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-natal and postpartum; (4) referral; (5) participation by DSS, DBHDS, CSBs/BHSSs, local health departments, the Virginia chapters of American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. In the coming months, VHD will lead an environmental scan with these partners we 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, and development implementation strategies that are population and provider specific and that incorporate national standards.

Young Adult Substance Abuse Treatment Grant

The purposes of the Young Adult Substance Abuse Treatment Grant, which was developed from a 2-year planning grant that was awarded in 2015, are: (1) to improve substance use and mental health disorder treatment services for transition age youth (ages 16-25) with SUD and/or co-occurring disorders; (2) to increase state-wide access to evidence-based assessments, treatment models and recovery services by strengthening the existing infrastructure system;(3) to increase use of best-practice treatment models; and (4) to increase collaboration among treatment providers, policy agencies and youth and family members. The total grant award of \$3.2 million is renewed at \$800,000 annually for the period of 2017-2021, and includes four geographically-diverse local demonstration sites: Mount Rogers Community Services Board; Rappahannock Rapidan Community Services Board, Richmond Behavioral Health Authority, and Western Tidewater Community Services Board. Site selection was based on sites that are involved in the First Episode Psychosis project and that are utilizing best-practice models identified in the grant: the Global Appraisal of Individual Needs (GAIN) Assessment Tool and the Adolescent-Community Reinforcement Approach (A-CRA) Treatment Tool. Training on these tools has begun and will be completed within a year. Proposed outcomes of the grant include: policy changes through public-private partnerships; improved quality and retention of workforce; improved health information sharing; addressing behavioral health disparities among racial and ethnic minorities continuation of the existing Interagency Council; development and updating of financial maps to inform policy change recommendations; implementing state-wide workforce

development plan; and participating in infrastructure reform, policy development and family involvement at the policy and practice levels. Key challenges that have been identified include: transportation barriers to services; workforce development and retention; services that are not uniform and overly complex to navigate; lack of youth involvement in shaping programmatic efforts; services that are not integrated or well-defined when transitioning from youth to adult services; and multiple intake systems and processes. The grant will work to resolve these barriers in the target sites, providing a model for implementation that can be replicated throughout the state.

Conclusion and Recommendations

During the Council meetings this year, members heard a variety of presentations informing them about the impact of the opioid epidemic on youth and families. Based on discussion of topics that included pregnant and postpartum women, early identification of substance exposed infants and barriers to treatment and substance abuse treatment for young adults, Council members have prioritized areas of need and respectfully offer the following recommendations.

- Support additional funding to reflect the expansion in the mission of the Healthy Youth Foundation. The Foundation has noted a dramatic decrease in the rates of underage smoking due to their efforts, and has expanded the Foundation's focus to include obesity; this has resulted in decreased rates for obesity in youth as well. No additional funding was provided to increase the areas of focus, and the addition of substance abuse prevention will greatly strain their existing resources.
- Support funding for Substance Misuse Prevention at all age levels, including for prevention efforts as early as elementary school.
- Support the use of exclusively evidence-based practices, and given the cost of that endeavor, support the existence of professional organizations (such as ASAM and AAAP) that can determine which of the evidence-based practices would be worth the expense.
- Support peer recovery support services, recognizing the value of individuals who can more readily relate to individuals seeking services, and that someone with lived experience brings a passion to the job that can't be taught.
- Support the exploration of workforce training for professionals who may have a degree but not have the specific experience or classes or certification needed. This includes options for individuals to acquire additional training while continuing to work.
- Support funding 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.
- Recognize that the "opioid" crisis is an addiction crisis and not specific to opioids that affects all residents of the Commonwealth.

Council members noted common themes throughout the presentations this year of the need for workforce training and development, and have identified that as the focus of a study for the 2019 Substance Abuse Services Council meetings.