SUBSTANCE ABUSE SERVICES COUNCIL

ANNUAL REPORT
2021

to the Governor and

the

General Assembly

COMMONWEALTH OF VIRGINIA

October 15, 2021

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State Senator John Bell,
Council Chair

Substance Abuse Services Council
P.O. Box 1797
Richmond, Virginia 23218-1797

October 15, 2021

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

In accordance with §2.2-2696 of *Code of Virginia*, I am pleased to present the 2021 Annual Report of the Substance Abuse Services Council (SASC). The *Code* charges the council with recommending policies and goals relating to substance abuse and dependence and with coordinating efforts to control substance abuse which is included in the Interagency SASC Report. It also requires the council to make an annual report in the form of this letter on the presentations it received and its activities. The membership of the council includes representatives of state agencies, state delegates, state 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 identifying major themes in the council's work in 2021and highlighting focuses, contributions, and recommendations from the council based on its work this year. We hope it will contribute to improving the lives of the many Virginians affected by substance use disorders.

Sincerely,

State Senator John Bell
SASC Chairperson

Cc:

The Honorable Daniel Carey, M.D., Secretary of Health and Human Resources
Alison Land, Commissioner, Department of Behavioral Health and Developmental Services (DBHDS)

2021 SASC Annual Report

Central Theme for 2021:

Understanding and Reducing barriers to Effective Substance Use Treatment and Prevention

As COVID-19 continued to cause huge challenges to populations experiencing substance use issues, SASC focused on collecting information, receiving presentations, and utilizing its multidisciplinary network of leaders in the substance used disorder (SUD) field to better inform policy and practice in the public and private sectors about reducing barriers to treatment and prevention. In 2021, SASC continued to meet virtually under the governor's state of emergency executive order allowing for public councils to meet virtually although the council opened an in-person option after that order expired. SASC was able to meet three times with a fourth meeting planned for the last quarter in 2021. During those meetings, SASC representatives shared agency and legislative updates, received presentations from experts across the behavioral health field, shared recommendations and initiatives amongst governmental agencies, community organizations, and private providers, and heard public comment. Additionally, SASC continued to fulfill its advisory capacity to DBHDS and the Commonwealth in regards to requests for information and recommendations for improving policy and procedure.

Subject Matter Expertise and Data Received in 2021

Developing zero barrier continuum to address the growing epidemic within a pandemic

SASC received a presentation from Katrina King, Senior Community Coordinator for Empowered Communities Opioid Project (ECOP). ECOP is a grant funded, targeted approach to the Opioid Epidemic which uses Peer Recovery Specialists as cross-system navigators, helping justice-involved individuals who have an Opioid Use Disorder (OUD).

COVID-19 has demonstrated the fractures in the behavioral healthcare process approach by a rise in overdoses (fatal and nonfatal), particularly in some of the more vulnerable and marginalized populations (this includes young adults under 30 of all races and socioeconomic backgrounds as well as an alarming rise in Black and Latinx population); death by suicide; relapses revealed by people who reported long term continued remission prior to Covid-19 impact and; individuals reporting first ever use. Closures of single provider systems, quarantines, reduced funding, diminished capacity and an overwhelmed medical and criminal justice framework have contributed to the existing crisis. Quarantines, paucity of routine, job loss, economic hardship and lack of connection have all exasperated an already critical condition.

Recovery capital is the total amount of internal and external abilities, resources, and supports that are key to beginning and maintaining recovery from alcohol and drug problems. Recovery capital increases over time and is impacted by factors like a sense of purpose and happiness that comes from connection to wraparound support to meet the obstacles and reconnection to family and friends; self-esteem and pride that comes from gainful employment; healthy lifestyles and provider relationships to address mental and physical health needs; a feeling of belonging that the recovery community provides. And yet, based on the current model, services are withdrawn at the time where people are struggling the most psychologically.

It may be imperative to continue the insulated and intense support for a minimum of 2 to 3 years or as needed. A peer works to support individuals with the real recovery work, the work that comes after discharge from treatment or release from incarceration. This is a phase that can be often neglected in terms of services offered and this is where peer recovery support services can fill the gaps. Substance use disorder recovery requires a multi-disciplined approach including medical intervention, lifestyle changes, and community supports.

Recovery Community Organizations are grassroots, community based, non-government organizations/providers which are led by the recovery community, families and other stakeholders

- The organizations provide same day, no barrier access to:
    - Recovery support services by PRSS (Peer Recovery Support Specialists, delivered programmatically)
    - Navigation and referral to treatment providers. Holding place for an individual in transition (housing, drop in centers, reception and diagnostic)
    - Mutual Support Groups
    - Vocational and career counseling
    - Prevention and intervention guidance
    - Outreach activity for all groups, private and public wishing to donate services and supplies!

Besides providing recovery functions and civil engagement, a Recovery Community Organization can also serve as a neighborhood outreach hub and referral clearinghouse for diverse organizations/agencies and families to provide and access services like housing, food, treatment, faith-based support, etc. This grassroots style can bring together public and private aid while fostering a feel of belonging. This is particularly important to for those who may be more wary of public agency intervention due to distrust and stigma.

Understanding COVID-19 Related Federal Funds

Margaret Steele, director of the Office of Adult Community Behavioral Health Services at DBHDS presented to SASC regarding COVID-19 federal funds administered by DBHDS and awarded through the SAMHSA Mental Health and Substance Abuse Block Grants. These funds included money awarded through the federal Consolidated Appropriations Act (CAA) as well as the American Rescue Plan Act (ARPA). These are one time awards that supplement the yearly Mental Health and Substance Abuse Block Grants that have been awarded to the states since the 1980s. $39.3M were awarded to Virginia through the CAA funds with the spending period of 2021-23, and $34M were awarded through the ARPA funds with the spending period of 2021-25. Additionally, SAMHSA through the CAA created an opportunity for community based providers to apply through an RFA process for funding as well.

SASC was given the opportunity to provide input on the use of these federal funds. Projects that were proposed to SAMHSA for approval through these COVID related federal funds included:

- Helping to stand up mobile crisis for adults including SUD needs

- Additional services for priority populations including women and children.
- Coverage for those who are uninsured to have access to MAT.
- Addressing rising overdose rates collaboratively
- Bolstering workforce needs related to the impact of COVID across populations.
- Test strips for Fentanyl
- Increased warm hand-offs for ER patients

Additionally, DBHDS proposed for some of the COVID related funds to be spent on key behavioral health system infrastructure needs including data modernization, safety net/core services, pandemic support to SUD populations (hotlines, training, etc.), and improved fiscal oversight for federal funds.

Framework for Addiction Analysis and Community Transformation (FAACT)

Leslie Egen, Behavioral Health & SUD Response Coordinator with the Virginia Department of Criminal Justice Services (DCJS) presented on FAACT which is a secure data-sharing platform that helps communities in the Commonwealth combat Virginia's opioid addiction crisis.

Launched by the Virginia Department of Criminal Justice Services (DCJS) with support from Qlarion and championed by the Commonwealth's Chief Data Officer, Carlos Rivero, FAACT was created to combine previously siloed data from across a variety of different agencies, secretariats, and local organizations – including healthcare and social services, public safety and corrections, drug courts, and community coalitions – to generate insights about the contributing factors to opioid abuse and the most effective ways for communities to respond.

The result is a solution designed to help people in need today, while stopping the addiction before it begins. Because of FAACT – Virginia was able to expand the data sharing platform to help the Commonwealth combat COVID-19. Recent updates and progress with FAACT since this expansion has included:

- Addition of new Commonwealth-wide datasets – *State Police, Forensics (DFS), Medical Examiner, Community Service Boards (CSB), and EMS w/Naloxone*
- Other large datasets nearing completion – *Social Services, Unemployment, and Pre-trial and Community Corrections*
- *New self-service analytics* – State Police, EMS, Medical Examiner, DSS, and CSB
- *Advanced analyses (CSB and DFS)* – Identify individuals at high risk of Heroin use; Predict movement of drug prevalence across Virginia.
- New tool to *distribute tailored information* to FAACT users
- New dataset onboarding – *Youth Behavioral Risk Surveillance Survey (YBRSS), All-Payer Claims Database, Emergency Department-Care Coordination, Virginia Association of Recovery Residences (VARR)*

FAACT has been utilized in Regions 1-4 in Virginia and is projected to be expanded to Northern Virginia, Central Shenandoah, Eastern Shore/Tidewater, Blue Ridge, Southside, and Three Rivers. Individuals can participate in FAACT through the completion of a survey and then opportunity to contribute regional, statewide, and national datasets via the Commonwealth Data Trust. Participants can receive appropriate training and customized solutions to meet individual analytics requirements.

Barrier Crimes: A First Step to a Long Term Solution

Jennifer Fidura, executive director with the Virginia Network of Private Providers (VNPP) presented to the SASC regarding finding a long term solution to the issues around laws in the Code of Virginia pertaining to barrier crimes and their restrictions which prohibit many individuals from being able to be employed at community service boards (CSBs), private providers, children's residential facilities, and state facilities. This is particularly relevant at a time when there is a huge workforce shortage in the behavioral health field and also an increasing emphasis on promoting peer recovery services which utilizes peers who have lived experience navigating mental health and substance use issues. People in recovery do often end up having involvement in the criminal justice system which can result in barrier crimes which can bar them from possibly utilizing their lived experience and expertise to help others in peer recovery support settings.

Under SJ35 (2020), there is a current effort to study the Commonwealth's laws related to barrier crimes and criminal history records checks and will be developing recommendations related to:

- whether statutory provisions related to criminal history records checks, barrier crimes, and barrier crime exceptions should be reorganized and consolidated into a central location in the Code of Virginia;
- whether certain crimes should be removed from the list of barrier crimes;
- whether barrier crime exceptions and waiver processes should be broadened;
- whether the required amount of time that must lapse after conviction of certain barrier crimes should be shortened; and
- other changes that could be made to criminal history records check and barrier crimes requirements that would improve the organization, effectiveness, and fairness of such provisions.

Options proposed with SJ35 are:

- Option 1 - Eliminate Misdemeanor Crimes + Waivers of Felony Offenses
- Option 2 - Keep the list of barrier crimes in § 19.2-392.02 as is and allow a waiver process for all or most of the crimes. Each agency shall oversee the waiver process for its applicable groups.
- Option 3 - Create a section or article in each title setting out all agency-specific requirements, exclusions of crimes, waivers, etc.

The proposal from VNPP is to amend the laws pertaining to barrier crimes to have increased specificity to which populations it affects in order to allow for more individuals who may have some of the crimes

to be eligible for employment in certain behavioral health settings. This could potentially have a significant impact on the workforce shortage and underemployment of peers in the behavioral health field.

Sober Peer

A high percentage of individuals experiencing SUDs do not receive care due to stigma, fear, cost, and lack convenience and relapse rates are extremely high without treatment (85%) or post-treatment (84%). Furthermore, addiction's costs fall heavily on local government as individuals with SUDs without appropriate support often become involved in the criminal justice or hospital system.

Sober Peer is a program that identifies themselves as next gen treatment; a person/place framework for improving care, costs, and outcomes. Sober Peer is a mobile health science platform that delivers continuous, real-time behavioral data from substance users via their smart phone. Artificial intelligence helps treatment providers measure, predict, and prescribe evidence-based patient solutions that lead to deeper insights and lasting patient recoveries.

According to Sober Peer, technology has provided two tools that change everything - artificial intelligence and the smart phone. Individually they're powerful, but collectively they revolutionize how we collect data and how we turn what we collect into better insight.

Sober Peer uses a smart phone app sends Sober Signals™ from the phone to a database that is supported by artificial intelligence programs. The Sober Peer program identifies these Signals as patterns of behavior and sorts them into meaningful observations. Sober Peer collects the information in real time from the client 24 hours a day and may collect up to 500 signals. The number of signals improves as a provider and the client collaborate with a treatment strategy. The signals can be translated into patterns which can help prompt action to stop negative habits and learn new ones.

Individually, clients can engage in a number of services, a few of which are: care sessions with their providers, receiving of trigger warnings for potentially harmful factors, access to an online support community, and assessment and testing. Clients can track their progress through scores to see their incremental development. Through the use of metrics and algorithms, key moments in a client's recovery can be highlighted, and the recommended supports and strategies can change based on a client's progress data.

Additionally, while Sober Peer is a platform designed for clients and providers, there are also opportunities for Sober Peer to be utilized as a system for coordinating reporting and metrics through the Sober Signals on a larger basis that if utilized across a locality, or state, could reach more of the key channels in a client's recovery and help them coordinate services and support. The platform has the ability to meet a number of system needs including electronic health records/billing, social connections, mobile health tracking, education, etc. Sober Peer also identifies their platform as a system for population analytics and mapping which can promote transparency/outcomes, standardize performance metrics, identify best practices, and visualize/map meta data for policy and epidemiological work.

SASC- Key Focuses, Contributions, and Recommendations

Focuses

1. Identification and continued information sharing regarding COVID-19 and the impact on the SUD population as well as the workforce
2. Focus on networking to foster collaboration among state agencies, legislators, private providers, peer community representatives, and non-governmental organizations through dialogue concentrated on innovation and partnership
3. Detection of key gaps in services as well as population disparities which cause further barriers to accessing care and the efficacy of prevention and treatment practices
4. Participation in presentations to help inform leadership in the SUD field in understanding the SUD treatment and prevention landscape in Virginia and to receive the latest trends and advancements in SUD policy and practice.

Contributions

1. Securing $10.5M for Virginia Association of Recovery Residences (VARR) sets standards and accredits recovery residences to improve quality of care for residents in recovery
2. Successfully, advocated for exemptions during the COVID-19 State of Emergency for recovery groups like AA to be able to have in-person gatherings given the intersection of COVID-19 and a rise in substance use and overdoses.

Recommendations

1. Identifying and expanding better outcome measures that provide more accurate data on the efficacy of public services to better inform funding decisions so that funds are not just allocated based on historical precedence but to the agencies, organizations, communities, and providers with the highest quality services and those that meet the needs of clients in their area.
2. Reducing the barriers in the state system for clients to access care through the funding and partnership with non-governmental organizations in the community
3. Continued proliferation and training for professionals across fields that interact with clients with SUDs to administer NARCAN which is a crucial tool for reducing accidental overdose
4. Removal of barrier crimes that prevent organizations and agencies from hiring extremely capable individuals with lived experience in settings where they can have a substantial impact in preventing others from negative outcomes associated with substance use