Draft

MINUTES OF THE
SUBSTANCE ABUSE SERVICES COUNCIL
JUNE 17, 2020

MARY MCMASTERS, M.D., CHAIR
VIRGINIA ASSOCIATION OF COMMUNITY SERVICES BOARDS
RICHMOND, VIRGINIA

MEMBERS PRESENT
Del. Delores McQuinn, *Member, Virginia House of Delegates*
Sen. Jennifer B. Boysko, *Member, Senate of Virginia*
Nathanel Rudney, *Dept. Behavioral Health & Developmental Services*
Carole Pratt, *Virginia Department of Health*
Arthur Mayer, *Department of Juvenile Justice*
Ron Prichard, *Virginia Association of Addiction Professionals*
Charles (Chuck) Wilcox, *Virginia Association of Addiction Professionals*
Heather Martinsen, MSW, ICPS, *Virginia Association of Community Services Boards – Prevention*
Aja Ferguson,
Anna Burton, *Dept of Correction*
Becky Bowers-Lanier
Charlene Motley, *VASAP*
Marge White, *VA Foundation for Healthy Youth*
Keshawn Harper, *ARTS*
Marna Bentley, *Region 10 CSB*
Karen Taylor, *Attorney General's Office*
Mary McMasters, MD, Chair, *Consumer and Advocacy Groups*
Madeline Berry, *Virginia Certification Board, Richmond Behavioral Health Authority*
Stephen Wade, *Dept. of Social Services*
Del. Keith Hodges, *Member, Virginia House of Delegates*

GUEST
Peter Breslin, MD, *Guest*

COUNCIL STAFF
Nathanael Rudney, *Department of Behavioral Health & Developmental Services*
Karen L. Dyer, *Department of Behavioral Health & Developmental Services*

I. **Welcome and Introductions**. Dr. McMasters called the meeting to order and introduced the guest speaker for the day. Dr. McMasters asked all attendees to introduce themselves.

II. Review and approval of the minutes for June and July 2020 will be done at the next meeting.

- Ms. Harper commented that the phone line did not appear to be synced to the meeting. Karen Dyer worked on this during the meeting
- Ms. Harper said she is the new ARTS supervisor, April St. John, will be attending in the future (not present at this meeting)

II. Review and approval of minutes of May 15, 2019 and September 25, 2019. No comments were made. Ron Pritchard moved to accept the minutes from these two meetings. Jennifer Boysko seconded. No objections. Mr. Hodges abstained because he was not at these meetings. Motion carried.

III. Comments were solicited from the two sub- committees:

Finance- No report due to Senator Barker's illness

Vaping- no report

IV. New Business

The group was reminded to complete their Freedom of Information Act training from the state.

It was also pointed out that this is the first time we've had an SASC meeting online and the group was asked to let Ms. Dyer or Mr. Rudney know if they had difficulty accessing the meeting. Participants were told that, if there were problems or if they needed us to stop, let us know.

Dr. McMasters said that there have been big changes recently, both to the Council due to staff turnover, and to society in general due to COVID. Our Council has discussed many different topics surrounding Addiction in the past including finance., advertising, health, etc. They are all connected due to the effect Addiction has on functioning.

Presentation on the basics of Addiction presented by Dr. McMasters. The presentation is also online via Mr. Rudney.

DEFINITIONS
June, 2020

Mary G. McMasters, MD, DFASAM

Addiction Medicine

I have purposely made this presentation VERY brief so that you can ask QUESTIONS!!!!!

If you can't define a problem you can't do anything about it. The language surrounding the disease of Addiction is very confusing as exemplified by definitions of substance misuse and addiction. In medicine, there are at least three sources of definitions: DSM V, the criteria established by the ASAM and the ICD. Also, there is pejorative language. By understanding the following basic definitions, all of the other coding systems will begin to make sense:

1. Physical Adaptations

Tolerance and Dependence

PHYSICAL

Physiological adjustment to MANY medications

Anti-depressants

Anti-hypertensives

NOT the same thing as the substance misuse disorders (diversion, substance abuse and addiction)

1. HAVING WITHDRAWAL IS NOT THE SAME THING AS ADDICTION!!!!!!

Addiction is not substance specific. However, withdrawal IS substance specific. Physical withdrawal is a specific physical syndrome triggered when a substance to which the body has become habituated is suddenly withdrawn. Dr. McMasters stated that she drinks a lot of coffee. If she stops drinking coffee all at once, she gets a headache. This is physical withdrawal specific to coffee. It is not addiction.

Addiction is present after physical withdrawal, or detox, which is why so many people who have been to rehab then relapse. The withdrawal was treated in rehab, not the Addiction.

2. BRAIN "PROBLEMS" SUBSTANCE MISUSE- Bad Choice

"the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological (or social or occupational) problem that is likely to have been caused or exacerbated by the substance."

BRAIN DISEASE: ADDICTION

"the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological (or social or occupational) problem that is likely to have been caused or exacerbated by the substance."

"persistent desire or unsuccessful efforts to cut down or control substance use."

Addiction

LOSS OF CONTROL

Objective Symptoms: Poor Functioning

Subjective Symptom: overwhelming CRAVINGS

Addiction IS NOT Substance Specific

Wasted resources by focusing on specific substances and not the overall disease

People jump from substance to substance

Once again, addiction IS NOT substance specific. Law enforcement often reports that they can to diminish the supply of heroin in their locales only to find that methamphetamine use balloons. That is because Addiction is not substance specific.

Addiction is a CHRONIC Brain Disease

Addiction is a RELAPSING Disease

RECOVERY!!!

We need to get the right diagnosis to provide the right treatment. When the disease of Addiction isn't recognized, patients get the wrong diagnosis, the wrong treatment, there are bad outcomes and this

1. Addiction: A Disease of Learning and Memory Steven E. Hyman, M.D. If neurobiology is ultimately to contribute to the development of successful treatments for drug addiction, researchers must discover the molecular mechanisms by which drug-seeking behaviors are consolidated into compulsive use, the mechanisms that underlie the long persistence of relapse risk, and the mechanisms by which drug-associated cues come to control behavior. Evidence at the molecular, cellular, systems, behavioral, and computational levels of analysis is converging to suggest the view that addiction represents a pathological usurpation of the neural mechanisms of learning and memory that under normal circumstances serve to shape survival behaviors related to the pursuit of rewards and the cues that predict them. The author summarizes the converging evidence in this area and highlights key questions that remain. (Am J Psychiatry 2005; 162:1414–1422)

2. Articles by Eliot Gardner

FUNCTIONING
THE KEY TO IT ALL

We are tasked with trying to improve the quality of life for the citizens of Virginia

Economic

Citizens with active Addiction don't work very well

Quality of Life

Citizens with active Addiction have poorer health

Citizens with active Addiction are ashamed and hopeless

The Future- many kids raised in homes where parents are preoccupied with their substance use and are coming into the school system poorly prepared.

Deaths- tip of the iceberg

Overall Impact

3. Treating Addiction-
   There is Evidence Based Medical practices for treating the disease of Addiction. Like all chronic diseases, there is a continuum of the disease from mild to immediately life threatening. Each level needs more treatment. For most diabetics, their diabetes can be controlled by learning to watch their diet. Some require more help via dieticians. For some patients with diabetes, the first indication of their diabetes is admission to an intensive care unit due to diabetic ketoacidosis. For some patients with addiction, the first indication that they have the disease is admission to an intensive care unit with an overdose. The goal in both diseases is to step patients down to lower levels of care. For patients with the disease of Addiction, their lowest level of care is participation in Community Support Groups, most often 12 step programs. However, sicker patients require ADDITIONAL services such as Addiction-specific counseling, outpatient tx or inpatient admission.

Basic science for treating Addiction: BRAINS ARE PLASTIC and THE WAY YOU THINK CHANGES THE STRUCTURE OF THE BRAIN!!!!

Modalities:

12 STEP and COMMUNITY SUPPORT GROUPS

COUNSELING

Adjunct Medications Life Saving for selected patients

Graded levels of supervision based on risk of death

LEVELS OF CARE (ASAM Criteria)

Two chronic relapsing diseases which require different levels of care: Diabetes and Addiction

4. How is COVID affecting Addiction Treatment?

Physical Distancing

SUPPORT GROUP MEETINGS!!!!

Appointments including Counseling

Supervision

Fear of seeking services due to fear of getting COVID

Resources to Treat: WE HAD A PROBLEM BEFORE COVID!!!!!
https://www.tcpalm.com/story/opinion/contributors/2020/01/06/lets-talk-severe-shortage-addiction-treatment-doctors/2804575001/

Increased access to substances

Drug Dealers know how to take advantage of a crisis!!!!

“At COVID-19 briefing, Trump announces mobilization against drug cartels, saying traffickers are trying to exploit coronavirus” April 1, 2020 KTLA5

Nuts and Bolts : masks, social distancing, etc

Law Enforcement and First Responders Administering Naloxone (SAMHSA)

Continuing Shame

Common question on social media: “Why are Alcohol stores considered essential?” Cutting off alcohol from physically dependent people will result in more patients going into withdrawal and more strain in our health care system.

“The COVID Pandemic Could Lead to 75,000 Additional Deaths from Alcohol and Drug Misuse and Suicide” Well Being Trust & The Robert Graham Center Analysis, May 8 2020 https://wellbeingtrust.org/news/new-wbt-robert-graham-center-analysis-the-covid-pandemic-could-lead-to-75000-additional-deaths-from-alcohol-and-drug-misuse-and-suicide/

Telemedicine

Mr. Pritchard pointed out that some of the changes due to COVID are good ones in that telemedicine is moving ahead rapidly.

CARES Act

Changes to 42 CFR part 2

When Epidemics Collide: Coronavirus Disease 2019 (COVID-19) and the Opioid Crisis, William C. Becker, MD, David A. Fiellin, MD https://doi.org/10.7326/M20-1210https://www.acpjournals.org/doi/10.7326/M20-1210 Annals of Internal Medicine 2 April 2020

More References

American Society of Addiction Medicine

Definition of Addiction: https://www.asam.org/Quality-Science/definition-of-addiction

Treatment: The ASAM Criteria https://www.asam.org/asam-criteria

Virginia Society of Addiction Medicine: https://www.vasam.net/content/home

Addiction Medicine

You have just had X# slides of Evidence Based information on how to treat the disease of Addiction from a Board Certified Addictionologist.

You have just had X# slides MORE education about the disease of Addiction than 99.9% of all Medical Students, Residents, Fellows and Practicing Physicians in the state of Virginia

Questions and comments? Mr. Hodges pointed out that 6-7% of the population is affected by Addiction and 50% is affected by mental illness. He said that the life expectancy of an individual with Bipolar Affective Disorder decreases by10- 20 years as opposed to substance abuse disorders. Therefore, tackling mental health issues can have more of an impact. Dr. McMasters pointed out that Addiction is not a secondary problem. It is a free-standing chronic brain disease. It is like obesity and diabetes. Eradicating one won’t eradicate the other. The division between mental health and Addiction is not a good use of resources. The belief that if a patient just gets the right psychiatric medication, then addiction

will go away is not true. Mr. Hodges gave the example of a patient on massive doses of dextramathoriphan who becomes psychotic and is incorrectly diagnosed with Bipolar Affective Disorder Manic Phase. Wrong diagnosis, wrong treatment, bad outcomes.

Mr. Edgar Gonzales voiced his appreciation that Addiction is an illness analogous to diabetes. He pointed out that an citizen dies every 5 hours in the Commonwealth due to opioids and is entirely preventable. He reminded the group of the tragedy of losing a child to opioids. Dr. McMasters agreed, saying that opioid deaths are tragic but just the tip of the iceberg. Those who don't die often switch to another substance, something "safer", but still live miserable lives.

In keeping with our theme of wanting money to treat addiction to go to modalities which work, Mr. Rudney will talk about money coming into the state.

Mr. Rudney- says he is aware that many people are having trouble accessing the meeting via the phone. He says Ms. Dyer is working on this

Reference for folkd to get get an overview of SA prevention money.

Mr. Rudney introduced himself: He is the state planner for SAMHSA block grant. He manages applications for 2 separate grants: Mental Health and Substance Abuse. He also manages regulations and data collection for Substance Abuse and prevention. More recently, he is acting as the DBH liaison for SASC and is still catching up with how SASC works as we move forward.

First slide: Funding streams, https://nasdad.org/wp-content/uploads/2019/12/Final-FY-2000-Appropriations-.pdf , an overview which breaks down all of the different federal funding streams which go to the states. Some no longer being received because they've ended or not appropriated for this year.

Some we continue to receive

Next slide from same site: LARGEST SUD Grants Administered by DBHDS from same site. These are the biggest grants that DBHDS receives from the feds: State Targeted Response STR to the Opioid Crisis Grants and State Opioid Response SOR Grants.

Previously Targeted State jujst ended Response to Opioid grants, no longer funded, those service in some point still being funded by the government. Some services SOR grant.

2019 first year for the SOR grant

Next slide

Virginia Action Plan, from Gov Exe leadership team. Highlights where DBHS and some other gov't agencies fit in. Vision to redeuce opioid od deaths and impacts of SUD. This slide provides good

Breakdown leadership and key initiatives. This leads into next slides of funding streams coming into the state.

Next slide State Agency Reported Expenditures, SABG State Agency Rep[

SA Block grant which Mr. Rudney manages and put together application and does reporting.

Breakdown SABG for prevention and tx, stable around 40 million

Next slide pie grafh, TotalFunds Breakdown, he will use 2019 data when 2020 data not available. CSBs provide most of the service via contract or their own facilities

Next slide- CSB Funds by Program Area

Nice view of percent of total, most funds from federal funds, next from state, then local

Next slide- question from Dr. Breslin re: CSB funds, "These CSB funds don't include them billing insurance, right?". Mr. Rudney will have to look back but he believes, if they're billing Medicaid, that would fit into Medicaid dollars versus state and federal dollars. He is not entirely sure re: CSB funds. If there are other questions he can't answer, he'll go into some of the other funds which go through DBS,

we can have some of the people who manage those grants to present. The questions are good feedback and show us where we might want to move forward in the future.

This slide from Fiscal office at DBHS showing Federal Grants. Some grants are ended or no longer allocated or no longer active. Not all are SA related. One which is, is the Substance Abuse Tx block grant from SAMHSA. The State Targeted Response Grant is no longer active and funds go to the Virginia Opioid Response Grant on line 8. There are some smaller grants, Young Adult SA Tx-Implementation. I think there was a presentation to Council several years ago, but I will talk about it as well.

Next slide- PPW-Project Link

PPW-- Pregnant and Parenting women receive priority for substance use tx: PPW and Project Link assist CSBs in providing that priority tx for that population

Also SBIRT grant- assessment development services, George Mason manages the majority of that contract.

These slides will be available and Mr. Rudney gave instructions on how to access them from the Adobe Connect meeting immediately. This is the first use of Adobe Connect, hopefully it will get easier. We can also email the slides to you.

Next slide- Possible Needs for the SUD Tx/Prev. Funding, a block grant

Provides funds and technical assistance to all of US including territories and tribal entities. Funds using for tx and prevention services. Grantees use them for a # of different services. It is written into federal code as the resource of last resort for people without other insurance services. It has funds for priority treatment of certain populations that can cover some of those services. Most of the funds go to tx, but there are some funds for primary prevention like community prevention services. Gail Taylor runs the office of prevention services at DBHS and will be presenting at the next council meeting. She also gets a sub grant for primary prevention dollars.

Next slide- SOR Grant

Mike Zohad is our person who helps administer our SOR grant, State Opioid Response Grant, related to Opioid Use disorders and OD deaths. This is a huge chunk of where our Substance use tx dollars come from outside of the state general funds. First year 2018-2019, this is the largest federal grant outside STR. Large chunk goes to CSBs who provide core SA services for VA. There are a # of states agencies and organizations which engage as partners. Link to those are on the slide. This is from the annual report.

Nest slide- SOR Grant

Omni is a contractor for the SOR grant as well as for prevention on SA block grant. They do a lot of data collection and data analysis for those grants. There is a link to the Omni report included which is a great breakdown with specifics of grants which go through DBHS.

Next slide- SPF PFS

There are smaller SA prevention grants. One is the Strategic Prevention Framework. This is a partnership for Success grant. At DBHS, it is administered through the office of Behavioral Wellness. It addresses specifically heroin use among 12-25 years olds and prescription drug use among 15-25-year olds in VA. A number of counties, cities, and regions in VA are included, it goes across the map. They are currently in their last phase of their grant in terms of evaluation. Omni is a partner.

The next slide provides a screen shot of something on their site which provides a little info about this grant. The link is on the left. Mr. Rudney will have speakers giving more specific about these programs.

Next slide- SBIRT

SBIRT- largest portion of this grant is the contract with George Mason. It is a public Health approach with early ID and intervention for SA and co-occurring problems. Aims to ID early sx emerging so appropriate interventions can be provided. The slide provides more detail.

Next slide- YSAT

This comes through DBH via CPS. Malcolm King manages this grant. This was designed to develop a strategic plan in order to improve tx for adolescents and/or transition-age youth with SUD and/or co-occurring SU and mental issues. They chose pilot sites and putting together teams to plan to improve services for adol and youth. Slide shows detail. They're using a community reinforcement approach for adolescents and wrap-around approach for treating their population.

Next slide- PPW-Project Link

This has been talked about before. This is one of the priority populations outlined in the federal code for the SA block grant. There are nine existing sites. Priority service is emphasizes. This is continuing to expand at the CSBs in VA.

Next slide- Virginia's First Responder Grant for Opioid OD

DBHS in partnership with VA Association of chiefs of Police. This is focused on naloxone for first responders.

Next slide- COVID-19 Grants

For VDHS- VA has received 2 million dollars to address behavioral impact of COVID 19 on behavioral health. There is a partnership between Virginia's CSBs and the VA Hospital and Healthcare Associaion. Goals are on the slide.

Next slide- COVID-19 Grants

DBHDS grant from FEMA and SAMHSA to implement counseling crisis counseling. This is just getting started.

These are the only two grants which VA receives related to COVID-19 More are being applied for and other agencies may also be applying.

Next slide- Possible Needs for SUD Tx-Prev. Funding

From Jaylow study which highlighted the need for better tracking of funds particularly by the CSBs. DVS is looking at funding formulas and ways to track that money. In the past the funding formulas were based on historical population allocations which are in need of change. Contract with VCU to develop BHEquity Index. We hope to have a presentation on this. It uses a variety of indicators to do a better job of allocating money. Also, it works to improve fund tracking and to better quantify outcomes. The DLA-20, the Daily Living Activity Survery, helps track improvement outcome. Also it looks at EB Practices. While many CSBs are providing evidence based tx, there is a huge need to evaluate how well they are providing these.

Questions for Mr. Rudney – none

Public Comment- none

Keshawn Harper- remind members to complete their FOIA training. I didn't know the specific link, but we will get that for her. Mr. Rudney says he'll send the link out.

Unheard public comment about

Ron Pritchard- wants to let everyone know about VSIAS in Oct. It has been hard to move a 3 day face-to-face conference to online. Most speakers will still participate.

George Barker- this is his last meeting due to term limit, can't be reappointed. He'll be replaced by Sen. John Bell of Loudoin County who is very interested in SA issues and will work hard. Sen Barket enjoyed his time on the Council.

We would apprciate feedback about the online format today?

Next meeting July 15. We don't know if it will be in-person or online.

Motion to adjourn made by Jennifer Boysko, seconded by Charlene Motely carried. Meeting adjourned.

Meeting adjourned 11:45 a.m.