

# SUBSTANCE ABUSE SERVICES COUNCIL

June 1, 2021: 2:00 P.M.

Virtual Meeting: ZoomGov

Meeting <https://dbhds.zoomgov.com/j/1611885724>

Meeting ID: 161 188 5724 Passcode: U\$h^Fm!8

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Senator John Bell, CHAIR

Victor McKenzie, Jr., SECRETARY

## Members Present:

John Bell, *Senator 13<sup>th</sup> District (Chair)*

Jessica Lee, *Reentry Services, VA Dept. of Corrections*

Jennifer Boysko, *Senator, 33<sup>rd</sup> District*

Patrick Hope, *Delegate, 47<sup>th</sup> District*

Keith Hodges, *Delegate, 98<sup>th</sup> District*

Delores McQuinn, *Delegate, 70<sup>th</sup> District*

Duke Storen, *Commissioner*

Marjorie Yates

Aaron Palmer

Alyssa Ward

Becky Bowers-Lanier

Angela Weight

Carole Pride

Dr. Peter Breslin

Ke'Shawn Harper

Henry Harper

Margaret Corum

Allison Land

Jen Sayegh

Natale Christian

Victor McKenzie, Jr, *Executive Director Substance Abuse & Addiction Recovery Alliance (SAARA) of Virginia (Secretary)*

Leslie Egen, *Criminal Justice Program Coordinator and Policy Analyst, FAACT*

Margaret Steele, *DBHDS*

## Council Members

Senator John J. Bell, Chair

Nathanael Rudney, Liaison

Karen Dyer, Executive Support, Commissioner's Office

**I. WELCOME AND INTRODUCTIONS ..... John Bell, Senator**

Attendance: We ask that each member share his/her role on the council and how long he/she has served

**II. Review of Minutes for March 30, 2021 Meeting.....John Bell, Senator**

- a. Delegate Hope made a motion to accept the minutes, Delegate Hodges seconded it; vote was unanimous

**III. Old Business**

- a. A note made by Senator Bell stating the Special Session was coming up and a second Care's Act funding is coming. This means more money for Substance Abuse assistance. He wants to start a special committee to prepare for the future and increased revenue stream. This is in part due to the legalization of marijuana and the new casino bill.

**IV. New Business**

**a. Leslie Egen's Business Partner spoke for her due to technical difficulties about FAACT (Framework for Addiction Analysis & Community Transformation)**

- i. Recent FAACT Progress: Developed into a platform for the Commonwealth – organizations FAACT works with can go in and look at their data to compare statistics
- ii. Advanced Analytics: What will happen in the future: if something is happening in one county, we know it will happen in the next. Therefore, we can prepare Emergency Rooms and build out the timeframe. FAACT wants to start taking youth data, health data and emergency real time overdose data and put in a report people can trust
- iii. Megan \_\_\_\_\_ to show set of slides about analytic resources available to FAACT users. Shows how people can use this database
  - 1. She shows how to use the website
- iv. Senator Bell asked how people can sign up: it depends on the level of security
- v. Automated Reports: Pandemic did have significant impact on opioid related incidents

**b. Delegate McQuinn asked who has access this information. She stated talking to Morticians and was informed they were seeing an increased number of drug overdoses and the people were young.**

- i. She wanted to know how she could use FAACT to track age and race of those who overdosed. She wants to get into the community and get people help
- ii. It was explained that the OCME takes longer to give their information because of examining the body of a person who overdosed, whereas EMS is in real time

- c. Senator Bell stated wanting this information briefed to several committees in the Special Session in both the House and Senate
  - i. Follow-up question: If someone gets the Narcan shot and survives, what happens to that data? This is tracked in a different way because there's no criminal issue.
- d. Jennifer \_\_\_\_\_ asked how we make sure that after someone goes to the hospital and gets Narcan they get treatment. She wants to have more conversations with hospitals and providers; treat this as a healthcare issue, not legal.
- e. Marjorie Yates addressed that this conversation about not “treating and streeting” should be covered by Danny’s Law – frustrated that we can’t get PRS in Eds
- f. Senator Bell made a note of this to take action on this frustration in a later conversation
- g. Leslie Egen – follows the criminal justice outcomes and health outcomes, works with probation and parole, DMAS, DBHDS, etc
  - i. The question about what happens to someone after receiving Narcan – different data sets in FAFACT platform that will help track this
  - ii. Hard to follow to what’s happening in the state because they don’t have all the data sets
  - iii. Currently working on Richmond area, Hampton Roads and Northern Virginia, but by next year will be across the state
- h. Senator Bell referenced the 30 hospitals across the state that provide SA Peer services; the ones that don’t offer it, do they know to refer to the hospitals that do?
  - i. Answer: yes, but might not refer to different health system
  - ii. Senator Bell stated being able to help legislatively
- i. ODMAP – Leslie wants VA to participate in this program which tracks overdose rates, both fatal and non-fatal
  - i. Senator Bell stated strong yes to having ODMAP being presented at next meeting – what does it take
- j. Natale Christian, ED at Hampton Roads and Newport News CSB – what happens after an overdose – they have an MOU with the hospitals and have Peers go to hospital, call warmlines, refer to outpatient services

- k. Ashley Harold, Medicaid Agency – Support Act Grant – to increase SUD treatment capacity
  - i. If an individual goes to the hospital for an overdose – Virtual Bridge Clinic – will share model as soon as it's available
- l. Presentation from Nathanael Rudney, Behavioral Health Coordinator and Margaret Steele to talk about specifically the Substance Abuse Block Grant, COVID Supplement**
  - i. Ideas for spending
- m. Margaret Steele – DBHDS – talking about 2 pieces of funding (SA and MH)
  - i. 1<sup>st</sup> round - 3/15/21 to 3/14/23 - \$40 Million for Substance Abuse Block Grant fund – 20% minimum for services, a %5 cap on administrative costs
  - ii. Difference between these Block Grants and Annual Block Grants comes from SAMHSA – 50% will go to community-based providers. This is different because SAMHSA has chosen to spend 50% of their funding to community based providers
  - iii. \$21 Million was set aside for DBHDS
  - iv. Fiscal year remains from October 1<sup>st</sup> to September 31<sup>st</sup> annually
  - v. Allowable and unallowable expenses - they follow the regular Block Grant fairly closely – They were hopeful about buying phones/phone cards for people in rural areas to ensure they were able to continue their services at the start of the Pandemic, but per SAMSHA, it is not currently allowed
  - vi. Supplemental funding has been submitted – it is currently being reviewed; one thing they are hoping the funding will help is helping to stand up mobile crisis for adults with substance use disorder
  - vii. VA does not give Block Grant dollars to private providers for MAT – this gives us an opportunity to make sure the uninsured still get care
  - viii. She is looking to get people back who left
- n. Senator Bell talked about Barrier Crimes and the people who would be extremely helpful in getting the General Assembly to reverse the crimes – he wants them to come to Richmond and testify
- o. SAARA is hosting a Roundtable event to discuss Barrier Crimes on June 16<sup>th</sup>
- p. Question was posed to Margaret about how to find out how to apply for money that was granted to DBHDS

- q. ½ of the first round of Covid monies are going straight to the localities to apply. They will each apply to SAMHSA for funding
- r. Statement was made that Peers are being pushed beyond their scope whereas CSAC's are not being utilized due to the difference in the pay scale
- s. Nathaneal proposed to Margaret giving her email to folks so they can reach out regarding the Covid grants

**V. Public Comment:**

- a. Ron Pritchard stated the VA Summer Institute for Addiction Studies is holding their 21<sup>st</sup> annual meeting for folks who work in addiction – it will be held virtually
- b. Michael McDermott showed graft that it's not just one substance that is concerning; when Covid hit, people used stimulus checks to buy substances. We can't get bogged down by one substance
  - i. Large amount of data that peer recovery services help decrease the number of emergency room visits
  - ii. Danny's Law was brought up talking about the difference between "may" and "shall"
  - iii. Need to be looking at unintended consequences

**VI. Adjournment- 3:31pm**

**VII. Next meeting is TBD, but Senator Bell is thinking August**