

SUBSTANCE ABUSE SERVICES COUNCIL

September 2, 2021: 2:00 P.M.

Virtual Meeting: ZoomGov

Meeting <https://dbhds.zoomgov.com/j/1600998172>

Meeting ID: 160 099 8172 Passcode: q9igN^FD

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Senator John Bell, CHAIR

Victor McKenzie, Jr., SECRETARY

Members Present:

John Bell, *Senator 13th District (Chair)*

Jennifer Boysko, *Senator, 33rd District*

Patrick Hope, *Delegate, 47th District*

Keith Hodges, *Delegate, 98th District*

Ashley Harrell

Marjorie Yates

Nathanial Rudney

Karen Dyer

Debby Taylor

Becky Bowers-Lanier

Angela Weight

Carole Pratt

Dr. Peter Breslin

Ke'Shawn Harper

Henry Harper

Allison Land

Jen Sayegh

Natale Christian

Art Mayer

Charlene Motley

Mark Cole

Charles Wilcox

Ed DeShields

Pattie Schneeman

Chandra Bandari

Jennifer Fidura

Katie Boyle

Jessica Lee

Sandy O'Dell

Molly Overstreet

Katie Crumble

Michael Zohab

Ron Pritchard

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

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 June 1, 2021 Meeting.....John Bell, Senator

a. Senator Boysko made a motion to accept the minutes, Ron Pritchard seconded it; vote was unanimous

III. Points of Interest:

a. \$500,000 was allocated by the General Assembly in the last session for Recovery (VARR) and \$10 million of COVID money, some for Naloxone to first responders. We are lacking some data due to COVID. There is a strong trend showing that Naloxone is saving lives, the decrease in overdoses is between 15 and 38%.

b. Change on annual report – no go

IV. Old Business

a. NONE

V. New Business

a. Overview of the budget passed during special session and impact on recovery services

i. VARR Report: money allocated from the General Assembly – have a bed available to anyone who wants one, \$10 million also allocated from Special Session

ii. These funds will be allocated based on bed spaces; some facilities are bigger than others, different niche/location

iii. Delegate Hope: wants to make sure the money is being allocated to treatment programs and crisis at hand/prevention

1. What’s the strategy for the money allocated now and future money that are going to be needed? Per Senator Bell, refer to Annual Report

- iv. Per Nathaniel, DBHDS received \$5 million for expanding Community SUD Services
- v. Allison Land w/DBHDS: two \$5 million blocks of money in supplemental block grants, both for SUD and MH
- vi. Senator Bell wants to make sure every county is part of the OD network so we're able to get to a person treated if there is an overdose. Also, have a comprehensive book that we can follow for treatment and prevention
- vii. Make sure all VARR's have audits
- viii. Ashley w/DMAS: 12.5% reimbursement rate increase for home and community-based services, which includes SUD and Peer Recovery Support

b. Bill Dudley, President, Dudley Strategies – Presentation on Sober Peer

- i. Presentation by Mark Coles (Slides/Presentation made available)
 - a. Why do some clients succeed and others fail? Sober Peer is a platform to help people succeed.
 - b. Main reason people fail is because they do not see professional help – need to make services more available
 - c. Recovery reimagined in Virginia
 - d. Full clinical and non-clinical platform
 - e. Provides Telehealth services
 - f. Social health component (adults, adolescents, and concerned parties)
 - g. Ability to shop for services
 - h. E-learning platform
 - i. Population management – ability to see all the stakeholders and what they are doing at different levels
 - j. Sober Peer will help a client all the way through treatment and well into aftercare and maintenance
 - k. They can track data from month to month
- ii. Follow-up from Senator Bell – this is something worth considering for diversion programs

iii. Senator Boysko: concerned about where all the data is going, how's it being stored, who has access to it; how do we know we'd be protecting the privacy of the client

1. Ed DeShields – they never sell the data, are HIPPA compliant. Providers and Re-entry programs have access to the data just for their population of people.

iv. Senator Boysko: any data breaches?

1. Never had a data breach

v. Delegate Hope: stated this is very intense program. Describe the ideal person who would benefit from this program and who would not benefit.

1. The person not good for it is the one who is not interested in getting better
2. Quibbled with the fact that it's very intense; there are people who only use parts of the program. They leave it up to the provider to decide how intense they want it to be per individual case.

vi. Delegate Hodges: how user-friendly is this program?

1. It is very user friendly. They provide online support.
2. They were contacted by a homeless shelter and found out that 75% of them have smartphones.

vii. Ron Pritchard: Can a licensed professional use this program without contacting a peer support specialist?

1. Mark explained that "Provider" could be a doctor, nurse, LPC, CPRS, etc., one on one, or as a group

viii. Charles Wilcox: Concerned with the word "Peer" in the title

1. They use the word Peer in the name as peers in the community who can support each other, providing a sense of belonging

ix. Allison Land: due to workforce shortage, the resources they provide could be a real benefit to the program

c. Jennifer Fidura, Executive Director, Virginia Network of Privat Providers, Inc (VNPP)

- i. Slides provided
- ii. She speaks on Barrier Crimes

- iii. Questions: Senator Boysko: Have you had conversations with other members who have been working on these issues and DLS attorneys?
 - 1. Has not talked to DLS attorneys. However, she has talked to Senator Bell. It has been talked about a lot in the advocacy community.
- iv. Debbie Taylor: Struggled with legislation for years. Has prevented us from hiring people in recovery. An all-out ban is unacceptable.
- v. Delegate Hope: We have a pool of people who are probably the most equipped to handle these situations and we can't hire them. There is a shortage, and our hands are tied.
- vi. Senator Bell: How would the Crime Commission view this?
 - 1. Jennifer: I can't guess. Hopes for significant changes.
- vii. Debbie Taylor: When this legislation was originally brought to the General Assembly, it was to protect the vulnerable individuals. No event was ever on record about anything happening.
- viii. Senator Boysko: Are you hoping that somebody is going to carry this piece in the 2022 session?
 - 1. Jennifer's hopeful.
- ix. Delegate Hope: We need to discuss this to see if the Counsel will support it as a recommendation to the General Assembly

VI. Next meeting is TBD, hoping the next meeting will be in person

VII. Public Comment:

- a. Michael McDermott: sent comments to Mr. Rudney and Ms. Dyer, 2-page document
 - i. Nathaniel will email his comments to the members
 - ii. Draft minutes: Stated Mr. McKenzie was not at June meeting
 - iii. Graft vs. Graph
 - iv. Last meeting, he submitted a 3-page document, which could have been made available to the person writing the minutes; that document could have been added as an addendum instead of being summarized in 4 lines.
 - v. Added link in letter for today's topics

vi. Please attach Mr. McDermott's document as an addendum (has not been made available to lindseyj@saara.org who is documenting the minutes).

vii. Motion to enter comments into record

1. Motion by Delegate Hope and seconded by Allison Land

2. All in favor, unanimous

b. Mike Zohab: defer his comments to next meeting

VIII. Motion to adjourn made by Senator Boysko, seconded by Delegate Hope

IX. Adjournment- 2:58 pm



Substance Abuse Services Council (SASC) | September 2, 2021
Michael M McDermott Public Comment representing Faces and Voices of Recovery of Virginia
(FAVOR of Virginia)

FAVOR of Virginia's mission is "Identifying and Sharing Peer Recovery Service Access Gaps and Best Practices to Improve Virginia's recovery outcomes and community quality through transparent, equitable, unified, inclusive, responsive, non-partisan, supportive, sustainable, disciplined and fundamentally focused non-bureaucratic grassroots advocacy efforts." Personally, I have been a Commonwealth of Virginia resident since March of 1993, and have enjoyed continuous and sustained recovery from Substance Use Disorder (SUD) since November 15th, 1991.



Our narrative for measurably improved recovery outcomes is simple – immediate access, at the “point-of-desperation,” to peer- delivered, evidence-based and lived-experience delivered certified substance use disorder (SUD) recovery services, coupled with longer funded lengths of engagement.

The Substance Abuse Services Council (SASC) is established in the Code of Virginia [§2.2-2696] to advise the Governor, the General Assembly and the Board of the Department of Behavioral Health and Developmental Services (DBHDS) in matters pertaining to substance abuse. Its members are representatives of state agencies, senators, delegates and representatives of provider agencies and advocacy organizations who are appointed by the Governor. The Code requires DBHDS to provide staff and funding to support the operation of the council.

Regarding the SASC June 1, 2021 “draft” minutes –

1. I do not believe Mr McKenzie was present...
2. I showed a “graph,” not a “graft”...
3. My comments were submitted electronically as a three-page document, which could be readily and easily referenced in the minutes as an addendum rather than summarized in four lines...

Now quoting from the December 1, 2020 Substance Abuse Services Council Annual Report “*Recommendations of SASC*” (<https://dbhds.virginia.gov/assets/doc/about/boards/sasc/reports/sasc-2020-letter-for-annual-report.pdf>) to begin my comments today:

1. Addressing stigma surrounding the disease of addiction. The related question is how many individuals

receiving any services related to the disease of addiction receive evidence-based standard of care? And if not, why not? Some measures to explore would be re-education and training of providers and stakeholders on utilizing non-stigmatizing language and practices which encourage people to seek treatment and services for substance misuse and substance use disorders.

2. Obtaining more information: Presentations from individuals within the state who manage grant money earmarked for substance abuse issues with the goal of ascertaining those monies are spent on cost-effective evidence-based practices. This also includes review of data from the ARTS program and the Behavioral Health Equity Index.
3. Doing a gap analysis by identifying data requests from participating agencies that can provide a more accurate snapshot of the SUD treatment and prevention landscape and the service gaps and disparities.

Substance Abuse Services Council | September 2, 2021

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4. Review current SUD treatment provider education on evidence based best practices as well as destigmatization of addiction in order to determine what the council can do to advocate for procedural, legislative, and policy changes.
5. Determine what steps can be taken to improve SUD prevention funding, resources, and services in the Commonwealth as there is an enormous disparity between the resources dedicated to treatment vs. prevention which receives far less funding federally and at the state level.

Today, nine months later, to follow-up the "*Recommendations of SASC*," I now pose the following questions:

- 1) How many individuals receiving any services related to the disease of addiction receive evidence-based standard of care?
- 2) How many presentations from individuals within the state who manage grant money earmarked for substance abuse issues has the SASC received, ascertaining those monies were spent on cost-effective evidence-based practices, and are copies of these presentations available?
- 3) Has the review of data from the ARTS program been completed, and available?
- 4) Has the review of data from the Behavioral Health Equity Index been completed, and available?
- 5) Has a gap analysis by identifying data requests from participating agencies that can provide a more accurate snapshot of the SUD treatment and prevention landscape and the service gaps and disparities been completed, and available?
- 6) Has a review current SUD treatment provider education on evidence based best practices as well as destigmatization of addiction been completed and is it available?
- 7) What SASC procedural, legislative, and policy change advocacy efforts have been memorialized since 12/1/20 and are they available?
- 8) What steps have been taken to improve SUD prevention funding, resources, and services in the Commonwealth to address the disparity between the resources dedicated to treatment vs. prevention, and is memorialized substantiation of these efforts available?

In reviewing the SASC 6/2/21 draft minutes (<https://dbhds.virginia.gov/assets/doc/about/boards/sasc/meetings/sasc-meeting-minutes-june-2021.pdf>) “New Business” heading items, topics and discussion, I see no mention of them, or anything for that matter, in today’s 9/2/21 SASC meeting’s “Old Business” heading. How should this be interpreted?

1. All of the SASC’s 6/2/21 “New Business” has been addressed; therefore it is not “business” anymore. If that is true, where can the public view how the goals these items and topics represent were met?
2. None of the SASC’s 6/2/21 “New Business” has been addressed, therefore there is nothing to memorialize yet?
3. Another answer?

Lastly, I question Jennifer Fidura, Executive Director, Fidura & Associates, “Potential legislation requests for the 2022 session” agenda item. From my research, Ms Fidura is a registered lobbyist and one of her clients, is the Virginia Network of Private Providers. I question the objective neutrality of her perspectives. At whose behest was she invited to present?

Michael M. McDermott | Community Recovery Advocate | Faces and Voices of Recovery (FAVOR) of Virginia www.favorva.org | 804.387.5925 | michael@favorva.org | 2604 North Parham Road | Henrico, Virginia 23294 **Think Globally...Act Locally...Save Lives!!!**

Community – People collectively sharing social values and responsibilities...



experience...

Recovery – A lifelong individual process of ongoing growth and discovery through shared

Advocate – Someone who passionately supports and relentlessly champions a cause...

