

Governor's Advisory Commission on Opioids and Addiction

Friday, September 28, 2018
Pocahontas Building, House Committee Room 2
900 E. Main St, Richmond, Virginia

MEETING MINUTES

Members Present

Co-Chair

The Honorable Dan Carey, MD, Secretary of Health and Human Resources

The Honorable Brian J. Moran, Secretary of Public Safety and Homeland Security

Members

Omar Abubaker, DMD, Professor and Chair, Oral & Maxillofacial Surgery, VCU Health

Brittany Anderson, Director of Legislative and Constituent Affairs, Office of the Attorney General

Tom Bannard, MBA, Recovery Program Coordinator, Rams in Recovery, Virginia Commonwealth University

Christina Barille, Executive Director, Virginia Pharmacists Association

The Honorable George Barker, Member, Senate of Virginia

Rita Bishop, Superintendent, Roanoke City Public Schools

Sue Cantrell, Health District Director, Lenowisco Health District, Virginia Department of Health

Lauren Cummings, Executive Director, Northern Shenandoah Valley Substance Abuse Coalition

Jennifer Faison, Executive Director, Virginia Association of Community Services Boards

The Honorable Kevin Hall, Sheriff, Alleghany County

Gopi Jadhav, MD, Internal Medicine Specialist, Virginia Commonwealth University

The Honorable Tim Jones, Sheriff, Roanoke City

Alethea Lambert, Peer provider, Hampton/Newport News Community Services Board

Keith Martin, Executive Vice President, Virginia Chamber

The Honorable Todd Pillion, Member, Virginia House of Delegates

Anna Powers, Drug Court Coordinator, Supreme Court of Virginia

Marcy Rosenbaum, LCSW, Behavioral Health Director, Southwest Virginia Community Health Systems

Dana Schrad, Executive Director, Virginia Association of Chiefs of Police

Jennifer Wicker, Director of Intergovernmental Affairs, Virginia Hospital and Healthcare Association

Allen Yee, Operational Medical Director, Chesterfield County Fire & EMS

Alternates Present

Lauren Bates-Rowe, Assistant Vice President of Health Policy, Medical Society of Virginia

The Honorable Steve Dempsey, President, Virginia Sheriffs' Association

Maria Jankowski, Deputy Executive Director, Virginia Indigent Defense Commission

David L. Ledbetter, Commonwealth's Attorney, City of Waynesboro

Staff Present

Jonathan Kiser, Assistant Statewide Planning Coordinator, Office of Emergency Preparedness, Virginia Department of Health

Jodi Manz, MSW, Assistant Secretary of Health and Human Resources, Office of the Secretary of Health & Human Resources

Laura Z. Rothrock, Executive Assistant and Operations Manager, Virginia Department of Health Professions

Members Absent

Mary Crozier, EdD, Chair, Community Coalitions of Virginia

Melina Davis-Martin, Executive Vice President, Medical Society of Virginia

Mike Doucette, Executive Director, Virginia Association of Commonwealth's Attorneys

Lauren Grawert, MD, Treatment provider, Kaiser Permanente

John Jones, Executive Director, Virginia Sheriff's Association

Mishka Terplan, MD, Medical Director, VCU Motivate Clinic

Catherine Zagurskie, Attorney, Indigent Defense Commission

Opening Remarks

Brian Moran, Secretary of Public Safety and Homeland Security

Secretary Moran called the meeting to order at 1:03 p.m., thanked everyone for attending, and indicated that Secretary Carey was in route from Hampton Roads.

A 35 member task force on prescription drug and heroin abuse created by Governor McAuliffe in 2014 made 50 recommendations, and a number of those have become law. There were over 1,500 drug-related deaths in Virginia last year, and that's unacceptable. This issue is personal to

Governor Northam because he is a doctor. Governor Northam signed Executive Order 21 on September 26, 2018 establishing the Governor's Advisory Commission on Opioid and Addiction (Commission), and he has been lecturing to the medical schools in Virginia on this topic.

Secretary Carey arrived at 1:32pm during the first workgroup presentation, welcomed the Commission members, and expressed appreciation for the work of the state agencies and the Governor's Executive Leadership Team on Opioids and Addiction (ELT). Virginia has received over \$22 million to support the work being discussed at this meeting and is applying for research grants. Teamwork has happened in the past but has recently been accelerated.

Member Introductions

Secretary Moran asked the members of the Commission to briefly introduce themselves.

Presentations of the Governor's Executive Leadership Team on Opioids and Addiction Workgroups:

Secretary Moran introduced the presentation portion of the meeting. The ELT was created by the Governor to integrate all state agencies and has been meeting for the last nine months, and the following presentations are a result of those meetings. The Commission members were given the opportunity to ask questions following each presentation.

Prevention Workgroup – Gail M. Taylor, Director of the Office of Behavioral Health and Wellness

It is important that the comprehensive list of current coalitions housed on the Curb the Crisis website be kept up to date. Additionally, it was noted veterinarians reporting to the Virginia Prescription Monitoring Program (PMP) is a result of the coalition groups. Opioids were being diverted by pet owners. Goal 3 to secure state SUD (substance use disorder) prevention funding is a long-term goal.

Commission members commented that a focus on prevention has not been a priority; ACEs (Adverse Childhood Experience) are most important; approach has been to provide latitude to Community Service Boards (CSBs) to spend money as they saw fit; and education goes hand-in-hand with prevention. Ms. Taylor indicated that advocates for Goal 3 are needed; 80% of CSB funds go toward treatment and 20% toward prevention; a goal is that every community would receive drug free community money. Secretary Carey provided that opioid and addiction competency standards for Virginia schools are in the process of being rolled out.

Harm Reduction Workgroup – *Laurie Forlano, DO, MPH, Deputy Commissioner for Population Health, Virginia Department of Health*

The overall goal of the workgroup is reducing specific harms related to opioid use disorder. Law enforcement having access to naloxone is very important. Naloxone became reportable to the PMP in July 2018. In regards to Neonatal Abstinence Syndrome (NAS), HB1157/SB389 directs the Virginia Department of Health (VDH) to be the lead agency, and a workgroup will have its first meeting in 2019. The goal of the Hepatitis C Treatment Pilot is to treat and cure 70 patients. Project ECHO was launched in May 2018 with 78 trained to date. A second Comprehensive Harm Reduction Program is preparing to launch in the Richmond area.

Updated numbers for the Lenowisco Program Update slide were given as follows:

- Unique Participants: 29
- Syringes Dispensed: 1,295
- Syringes Returned/Collected: 2,557

Commission members commented that for metrics, should move beyond just counting and determine what numbers may be in the future; look at effectiveness of treatment; and data is needed to determine where to focus funds. Ms. Forlano indicated the plan is to do outcome data in the future.

Needle exchange program effectiveness versus social controversy was discussed. Delegate Pillion noted that Dr. Sue Cantrell is why the Lenowisco program was successful.

Supply Prevention Workgroup - *David E. Brown, DC, Director, Department of Health Professions*

Before starting, Dr. Brown recognized Dr. Barbara Allison-Bryan, Department of Health Professions (DHP) Chief Deputy, who is representing him on the ELT workgroup. The Doses Dispensed by Drug Type data was provided by the PMP. The reduction is due to Board of Medicine and Board of Dentistry regulations signed by Governor McAuliffe in March 2017 and changes in prescribing habits. The legislation was introduced by Delegate Pillion. Drug disposal is a priority, as 80% of individuals with SUD report their first opioid use was a prescription from a friend or family member. Virginia pharmacies are stepping up to increase availability of drug take-back sites. A list of sites can be found on the Board of Pharmacy website.

In response to legislation introduced by Delegate Pillion and Senator Ben Chafin and signed into law by Governor McAuliffe, Secretary of Health and Human Resources William Hazel, MD, convened a workgroup led by DHP to develop education standards for prescribers. The work

was extended to non-prescribers, such as physical therapists, occupational therapists, those in behavioral sciences, etc.

The midterm priority of education relates to existing practitioners. Dr. Allison-Bryan has been giving presentations on this. MAT (medication-assisted treatment) is best practice. There is evidence that for chronic pain, opioids are not particularly a good choice. Other types of interventions need to be paid for.

A question from the Commission as to decoupling patient satisfaction and reimbursement was addressed by Secretary Carey who indicated it is a concern. It takes time to educate the patient as to why opioids are not being provided. Board of Medicine regulations involving acute pain will support emergency room doctors.

Delegate Pillion, Senator Barker and DHP were recognized for leading the charge and working with the physician community.

It was also noted that older patients have concerns about costs of drugs and are willing to share their drugs with others (e.g., in nursing homes) should be addressed.

Justice-Involved Workgroup – *Jermiah Fitz, Regional Administrator-Community, Central Region, Virginia Department of Corrections*

In respect to developing infrastructure for treatment opportunities, the group wants to expand services. Vivitrol is the drug of choice for Department of Corrections (DOC), but there are others. DOC will not have to reinvent the wheel but will partner with DBHDS (Virginia Department of Behavioral Health & Developmental Services) and DMAS (Virginia Department of Medical Assistance Services). DMAS is working with VCU (Virginia Commonwealth University) on the training to administer buprenorphine. Drug Courts are utilizing MAT. The group wants to build off the existing local jail treatment and drug court programs, and Norfolk was recognized as having a very strong program.

Recovery Support Navigator positions would be located throughout Virginia (Norfolk, Richmond, Tazewell/Buchanan County). To aid in removing stigma and other boundaries to success, there is a need for advocacy by families and church groups. The long term vision is that all incarcerated individuals would have MAT as an option to cut down recidivism and overdose deaths.

A commission member encouraged DOC and the Justice-Involved Workgroup to consider collaborating with health care programs to get coverage or care.

Treatment and Recovery Workgroup - *Michael A. Zohab, Virginia Opioid, Prevention, Treatment, and Recovery Project Coordinator, Virginia Department of Behavioral Health & Developmental Services*

In addressing the first goal of supporting SUD workforce development, Mr. Zohab indicated that Chesterfield County has an incredible program and Peer Recovery Specialists are integral part of the program. For Goal 2, Objective 2 regarding broadening the use of peer recovery services in emergency departments, there are 6 MOUs (Memorandums of Understanding) with hospitals across Virginia. Regarding establishing minimum standards for MAT services, the workgroup wants to establish there's a certain amount of counseling that goes along with MAT. As for identifying barriers to becoming Office Based Opioid Treatment providers (OBOTs), Mr. Zohab indicated that some licensing regulations are prohibitive to getting more providers. For Goal 3, Mr. Zohab mentioned a 2 year, \$750,000 grant to target women and children. As for Goal 4, a lot of the funding is federal and may only be for one year which impacts all areas, especially for increasing capacity.

The Commission touched on the following items:

- For drug overdoses, an inquiry was made as to whether there has been any thought to using something similar to an ECO (Emergency Custody Order) to get the person into a program; Mr. Zohab indicated that it's being considered.
- As to using peers to introduce a person to recovery, Chesterfield County has the peer maintain the relationship, go to counseling sessions and look at transportation; Mr. Zohab indicated the workgroup is looking at ways to deal with transportation issues.
- There is an opportunity for the business community to be involved in providing jobs for those in recovery and for Virginia citizens to contact their federal representatives about this issue.
- It was noted that the CSBs do not have the staff to support the influx of people who need treatment, and the rates for reimbursement of peer recovery services is very low. The question arose as to whether there was any discussion as to increasing the rate. Mr. Zohab indicated it would be a question for DMAS, and Secretary Carey will pass the question on to DMAS.

Public Comment

Brian Moran, Secretary of Public Safety and Homeland Security

Four people signed-up, but only three provided comment. Included in the comments were the lack of participation in the Commission by DARS (Virginia Department for Aging and Rehabilitative Services); the need for integrated collaborative treatment and more education and

training; appreciation for work of DBHDS; and an invitation to attend the “Fed Up” rally on October 7 in Washington, DC.

Next Steps and Closing Remarks

Secretary Carey indicated that there will be another engagement opportunity for the group in December.

The PowerPoint presentations from the workgroup will be on the [Curb the Crisis](#) website.

Secretary Moran provided that this is now the fifth year he has been involved in the discussion on opioids and addiction and there is hope. Regarding a single person receiving multiple doses of Narcan, five years ago that person would have been a number. Needle exchange is a success story. Reduction of doses by 50% is extraordinary. He hopes to solve this epidemic and looks forward to continuing the discussion.

Secretary Carey further provided that he comes from the private sector and had not seen the various groups come together and work so well together as the groups involved in this meeting.

Adjourn

With no further business to discuss, Secretary Carey adjourned the meeting at 3:30 p.m.