

VIRGINIA OFFICE FOR SUBSTANCE ABUSE PREVENTION (VOSAP) COLLABORATIVE

MAY 12, 2016 - 9:00 -11:00 A.M.

PATRICK HENRY BUILDING, CONFERENCE ROOM 1 (1013)

1111 EAST BROAD STREET, RICHMOND VA 23219

VOSAP Collaborative Members in attendance:

Ann Childress, Dept. of Social Services

Jennifer Farinholt, Dept. of Alcoholic Beverage Control (ABC)

Dwight Jenkins, Dept. of Motor Vehicles

Marty Kilgore, Virginia Foundation for Healthy Youth

Jodi Manz, Policy Advisor, Office of the Secretary of Health & Human Resources

Donna Michaelis, Dept. of Criminal Justice Services**

SFC Douglas Perry, Virginia National Guard Counterdrug Taskforce

Vivian Stith-Williams, Dept. of Education

Gail Taylor, Dept. of Behavioral Health and Developmental Services (DBHDS)

Amira Turner, DBHDS Behavioral Health Intern

JoAnn Wells, Dept. of Health (VDH)

VOSAP Collaborative Members not present:

Mary King, Virginia State Police/YOVASO

Laurel Marks, Dept. of Criminal Justice Services

Sarah Westphal, Virginia State Police/YOVASO

LTC William X Taylor, Virginia National Guard Counterdrug Task Force Commander

Kim G. Brown, TurnKey KB & Associates LLC

Art Mayer, Dept. of Juvenile Justice

Lisa Wooten, VDH

Lori Rice, DMV

Mark Buff, Dept. of Fire Programs

Key: Passages in red are action items that require follow-up.

Meeting Summary attachments are noted in blue.

Welcome

We opened by introducing ourselves.

Review of February 19, 2016 Meeting Summary

There were no changes to the February 19, 2016 Meeting Summary.

Governor's Task Force on Prescription Drug and Heroin Abuse Update from Jodi Manz

Jodi shared updates from the Task Force's Health & Criminal Justice Data Committee presented by the Dept. of Forensic Science, Office of the Chief Medical Examiner Office, and VDH's Office of Family Health Services.

There's been a major increase with heroin and fentanyl overdose fatalities. There was some discussion about how this issue looks regionally. **(Presentation sent as Meeting Summary Attachment #1.)** Vivian asked whether cultural issues have been studied. Jodi said [UVA did a study](#) that pain for black Americans was not taken as seriously as for white American and this reluctance to prescribe/racial bias has actually become a protective factor!

The goal of the Governor's Task Force is to decrease overdose deaths. This will be a long-term process. The \$22 million Medicaid benefit funding will help develop people who can provide treatment. Virginia is facing a

very real issue of a shortage of people going into the addiction counseling profession. We need to build the workforce! Gloucester Mass. Chief of Police Leonard Campanello recently presented in Virginia regarding the Angel Initiative. Excerpt from the Gloucester Police Department website re. Angel Initiative:

“If an addict comes into the Gloucester Police Department and asks for help, an officer will take them to the Addison Gilbert Hospital, where they will be paired with a volunteer “ANGEL” who will help guide them through the process. We have partnered with more than a dozen additional treatment centers to ensure that our patients receive the care and treatment they deserve — not in days or weeks, but immediately.

If you have drugs or drug paraphernalia on you, we will dispose of it for you. You will not be arrested. You will not be charged with a crime. You will not be jailed. All you have to do is come to the police station and ask for help. We are here to do just that.”

Jodi provided the link to the [Police Assisted Addiction and Recovery Initiative](#) (PAARI) a nonprofit organization whose mission is to support the Gloucester Police addiction initiative, to aid other police departments to implement similar programs, and to foster a dialogue around the unique opportunity for police departments to take direct action against the disease of drug addiction in their communities.

The local focus seems to be where the most improvement is seen. Two localities, Roanoke and Richmond, are looking into adopting this model. We know addiction is a relapsing disorder—we need to wraparound with services and help. Doug said the Attorney General’s office is interested in building the model in Virginia. Law enforcement departments have become active because they know they can’t arrest their way out of this problem. The Richmond Police Department has verbal agreements with several treatment providers. Also ongoing: Department of Medical Assistance Services (working on Medicaid benefit), DSS (working on issues with children in foster care), Department of Health Professions, VDH, DBHDS have pulled together an executive group to stay focused. [Dr. Hughes Melton](#) is chairing the group. (Many members of the Collaborative commented on the great generosity of Dr. Hughes Melton and [Dr. Sarah Melton](#). They are heavily invested to reduce substance misuse and abuse and have been very generous with their time and expertise.) A resource website is also underway and a ceremonial bill signing is planned for May 26, 2016.

Donna suggested going to law enforcement and other potential partners in a series of regional trainings/events to provide information to help establish community programs. Use success story examples like Gloucester, Mass.—also Winchester has been very active with a community partnership.

Doug invited everyone to attend the Community Coalitions of Virginia (CCoVA) on May 16, 2016 at Waller Depot. CCoVA meets there monthly.

Partnership for Success Grant Update and Epidemiological Data/Workgroup Report from Gail Taylor

Gail reviewed that DBHDS has SAMHSA’s Partnership for Success (PFS) Grant to address heroin and opioid abuse in 12 communities through their Community Service Boards: Blue Ridge, Chesterfield, Cumberland Mountain, Danville/Pittsylvania, Dickenson, Highlands, New River Valley, Norfolk, Northwestern, Piedmont, Planning District One, and Richmond. The CSBs must work with their associated community coalition and must follow the steps of the Strategic Prevention Framework. The VOSAP Collaborative is now also serving as the Advisory Committee for the PFS grant. Kim Brown is overseeing the 12 CSB grantees. Their first responsibility is to do a community needs assessment.

On May 10, 2016 CSB staff went through needs assessment training. Gail said SAMHSA made is very clear that it’s critical to have at the table: those in treatment and recovery, hospitals, law enforcement and others. This

training is a parallel process to the PFS—ALL CSBs are going through this process (not just the 12 grantees). SAMHSA emphasizes that we need community mobilization to address health disparities.

Gail shared that on May 11, 2016 DBHDS, in partnership with OMNI Institute, debuted the draft of the Social Indicator Study dashboard. This was an exciting milestone as this project, including agencies working to share pertinent data, has been underway for almost a year. DSS will be adding more information to help identify impacts of adverse childhood experiences (ACE). Gail commented that we must start having an impact upstream. Kids are using substances at very young ages—even as early as 10 or 11. Doug and Vivian discussed that this is a cultural norm for some.

Gail shared that the following substance use prevention priorities were identified as most important: alcohol, non-medical use of prescription drugs, and then heroin with marijuana following closely. The group also identified suicide prevention as the top mental health priority. The group also looked at: poverty, household/parent substance abuse, physical abuse, sexual abuse, household/parent mental illness, emotional abuse and incarceration of family as ACEs/other root causes.

In June all of the CSBs and coalitions will attend a Prevention Summit with the SPF as the focus. Gail welcomed the group to attend/contact her if interested.

Gail noted that the dashboard will be available to everyone. VDH is doing something similar focused on health while DBHDS is doing the behavioral side. The sites will have links and the agencies are working together.

We must all work together as there are not a lot of resources for prevention.

Explore Process and Challenges for Collecting Data on Underage Drinking

Jennifer noted that we were pleased to learn at the last meeting that the PFS grant requires that we collect data on underage drinking. ABC has data on underage buyer compliance checks and number of licensee violations however ABC does not collect data from local law enforcement agencies that also complete checks. DMV has data on alcohol-related crashes.

Marty shared the results of some of the alcohol questions from the [2015 Virginia Youth Survey \(VYS\)](#). According to the VYS 2015 Parental Fact Sheet, the VYS is sponsored by the Virginia Department of Health and the Virginia Foundation for Healthy Youth with support from Virginia Department of Education, and the Centers for Disease Control and Prevention (CDC). The VYS [Trend Analysis Report](#) pages 9 & 10 indicate decreases for:

- **Question 41:** Percentage of students who ever drank alcohol (at least one drink of alcohol on at least 1 day during their life) **2011**>60.5; **2013**>55.3 **2015**>50.7
- **Question 42:** Percentage of students who drank alcohol before age 13 years (for the first time other than a few sips) **2011**>18.1; **2013**>18.2; **2015**>14.6
- **Question 43:** Percentage of students who currently drank alcohol (at least one drink of alcohol on at least 1 day during the 30 days before the survey) **2011**>30.5; **2013**>27.3; **2015**>23.4
- **Question 44:** Percentage of students who drank five or more drinks of alcohol in a row (within a couple of hours on at least 1 day during the 30 days before the survey) **2011**>15.7; **2013**>14.5; **2015**>11.0
- **Question 45:** Percentage of students who reported that the largest number of drinks they had in a row was 10 or more (within a couple of hours during the 30 days before the survey) **2013**>4.1; **2015**>2.1

The VYS was completed by 5,195 students in 83 public **high schools** in Virginia during the fall of 2015. The school response rate was 100%, the student response rate was 84%, and the overall response rate was 84%. The

VYS was completed by 2,246 students in 45 public and charter **middle schools** in Virginia during the fall of 2015. The school response rate was 100%, the student response rate was 85%, and the overall response rate was 85%.

The Centers for Disease Control and Prevention (CDC) has conducted the Youth Risk Behavior Surveillance System (YRBSS) since 1991. The YRBSS monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including—

- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

The VYS does not ask any questions about sexual behaviors. The CDC selects the sample for Virginia—we do not have control over the sample. Jurisdictions may request to be oversampled (all schools participate versus a random sample) and receive data. Richmond and Petersburg participated in 2015; their data is not part of the statewide weighted data. The VYS data is not available by locality however by this summer it will be available for the five health regions in Virginia: Northern, Eastern, Central, Southwestern and Northwestern.

Many communities in Virginia recognize the importance of local data and conduct their own surveys. Henry County was mentioned as one example; they recently conducted the survey for free. The YRBS is in the public domain; it can be copied and administered. [Kerry Redican, PhD, MSPH, MPH](#) at Virginia Tech works with communities to adapt the survey. Some communities use YRBS, [PRIDE](#) Surveys or other instruments. Many communities are very reluctant to conduct surveys as they fear sharing data could have detrimental results or create negative perceptions. We agreed it would be ideal if all schools/communities participated in the YRBS/VYS. Donna noted that the Virginia Secondary School Climate Survey administered in the spring of 2015 as part of the annual School Safety Audit, mandated by Code, was completed by 56,508 students. Since there is a connection between health and safety we discussed whether there is any possibility that these surveys could be expanded or merged. Vivian noted that the 132 school divisions all have their own priorities and demands and HIPPA and FERPA present challenges as well. These surveys do detract from time available for instruction. Ultimately we decided that the community coalitions must advocate for data collection. CSBs are also working on how to make an impact through policy, practice and procedures.

Marty asked if Virginia ABC might want to sponsor a Young Adult survey. Jennifer responded that she can't speak definitively for the agency but that this would be a possibility. We noted that college students are easy to reach but it's tougher to access 18-25 year-olds who aren't in school. Gail shared a bit about how other states have conducted research on this age group. Either Connecticut or Delaware reached this demographic through Facebook and got more than 8,000 survey responses. Marty said VFHY has used Market Decisions to collect data and we may be able to coordinate for a MPH intern to review the data and draft a report. **(Jennifer will follow up about data collection in other states.)**

VFHY News and Updates

Marty shared that VFHY hosted the Reduce Tobacco Use Conference in April. Due to the location and supply and demand, it's become more of a national event. She said an interesting statistic shared by North Carolina indicates that youth don't know really understand that ecigs and vaping are the same. On Marty's suggestion and the members' interest, **Jennifer will follow up to schedule a presentation at the next meeting on VFHY's Ibase/Peer Crowd Study data.**) Marty said the Joint Commission on Healthcare will study VFHY mission expansion to include substance abuse, mental health, suicide, bullying and injury prevention. VFHY

will present in approximately September. Dr. Hazel feels VFHY is in a good position to expand based on their peer group analysis, marketing and results. Grants Specialist Marge White is looking at bringing in grant funds to support the expansion. Marty noted that they partner closely with agencies currently and would continue to operate this way to maintain open communication and prevent duplication of effort.

The 2017 Weight of the State Conference will be April 2-4. This summer VFHY will present at Youth Alcohol and Drug Abuse Prevention Project (YADAPP) on July 19 and the 2016 Virginia School and Campus Safety Training Forum in August.

DCJS News and Updates

Donna shared that DCJS continues to try to respond to school needs. Training offerings include: trauma-informed campus sexual assault training. This past year DCJS provided 129 trainings and reached more than 6,000 people. They do regional series to cover the state but also respond to requests from individual school divisions. For example, they're working with Fairfax on their wellness and prevention conference.

The [Virginia School and Campus Safety Training Forum](#) on August 1-3, 2016, features 12 keynote speakers and 40 trainings. There will be at least 800 attendees.

DSS News and Updates

Ann shared that legislatively, funding for Healthy Families will nearly double for SFY 2017—the total will be approximately \$9 million. A lot of progress is the result of the Home Visiting Consortium. Fostering Futures will expand with help for children aging out of foster care. An upcoming issue of the [Virginia Child Protection Newsletter](#) will focus on substance exposed infants.

VDH News and Updates

JoAnn shared information about two upcoming trainings [Responsible Case Management for the Substance Exposed Mature Driver: A Healthcare Provider Training](#). The classes are June 10, 2016 in Richmond and June 24, 2016 in Roanoke. This training is a collaborative effort with VDH organizing/leading with support from DMV, DARS, DBHDS and ABC.

National Guard News and Update

Doug shared that while traditionally National Guard has focused on interdiction they are now moving more into prevention. They are putting a lot of emphasis on support, substance abuse and prevention including work with the community coalitions. They are also very active with investigating marijuana coming in from other states through the mail.

DOE News and Updates

Vivian shared that she presented at two stops of the Virginia ABC College Tour to talk with prevention professionals about the impact of cultural context, values and background. Vivian noted that much of our meeting discussion revolved around schools. She asked what message she should take back to schools. Gail said to encourage schools to join and work with their community coalitions.

DMV News and Updates

Dwight shared that DMV is working to bring more training to law enforcement with Advanced Roadside Impaired Driving Enforcement (ARIDE). This is important as the increase in impaired driving due to other drugs besides alcohol increases. DMV is funding the training of a Drug Recognition Expert. This is a very extensive training. Dwight also mentioned the Clickit or Ticket campaign. They are trying to raise the percent of seatbelt wearers from 80.9 percent. Motorcycle and pedestrian fatalities are up—about one third of pedestrians killed have been under the influence.

DBHDS News and Updates

Gail shared they have a new suicide prevention coordinator Nicole Gore—she was previously with Henrico CSB and chaired the community coalition Too Smart 2 Start. Mike Olsen leads the Mental Health First Aid training. They've gone from 50 to 695 trainers and from 1,000 to 19,000 trained. DBHDS' Counter Tools project was featured at the National SYNAR conference. CSBs did “ground truthing” to map all sellers of tobacco products and alternative tobacco product delivery devices.

The meeting adjourned at 11 a.m..

Respectfully submitted,
Jennifer Farinholt
VOSAP Facilitator