

Agenda

Health Systems Subcommittee of the Governor's Council on Substance Abuse Prevention and Treatment

July 15, 2022

Start Time: 2:30 p.m.

Location: Zoom Meeting

- I. Welcome and introductions
- II. Approval of Minutes from May 2022
- III. Review of 2022 New KPI Language and Q2 Progress
- IV. Additional Discussion
 - Subcommittee membership
 - August Meeting
 - Town Hall Meeting
- V. Next Steps and Adjournment

Meeting Minutes of the Governor's Council on Substance Abuse Prevention and Treatment Health Systems Subcommittee May 20, 2022, Unapproved

Attendees:

Amy Atkins (partial attendance), Emma Eggleston (Co-Chair), Nathan Flore, Carly Glover, Michael Kilkenney (Co-Chair), Deborah Koester, Jessica Smith, Justin Smith, Rachel Thaxton, Suzanne Wilson

Opening:

Dr. Michael Kilkenney and Dr. Emma Eggleston (Co-Chairs) provided welcome and opening remarks of this meeting of the Governor's Council on Substance Abuse Prevention and Treatment, Health Systems Subcommittee. The meeting was called to order at 2:37 p.m. on Friday, May 20, 2022 and was conducted by Zoom conference. A quorum was not present to approve previous meeting minutes. The purpose of the meeting was to review the Quarter 1 progress for the 2022 Implementation Plan for the Health Systems section of the State Plan.

Agenda Items

Review Quarter 1 Data for 2022 Health Systems Plan: The Subcommittee proceeded to review and discuss the goals, strategies, and KPIs with the following reflecting the discussion:

Goal 1

- Strategy 1, KPI 1 - The Subcommittee discussed the KPI. No changes were made; however, Deb was asked to follow up with ODCP on how progress is being measured to demonstrate progress and report back to the Subcommittee at the June meeting.
- Strategy 1, KPI 2 – KPI 100% in Quarter 1; this can be reported as fully met as all local health departments have access to naloxone. However, this KPI was strengthened by the Subcommittee with regard to measurement by adding the following to the end of the KPI – *“as measured by the number of counties ordering naloxone and the quantity of naloxone distributed monthly”*.
- Strategy 1, KPI 3 – KPI reported as ongoing and 25% for end Quarter 1. This KPI was strengthened by the Subcommittee by revising the language as follows: *“Advance*

availability of naloxone for distribution as measured by the number of Quick Response Teams ordering naloxone and the quantity of naloxone distributed monthly by QRTs”.

- Strategy 1, KPI 4 – the Subcommittee identified additional strategies for distribution of naloxone over the next year to include, but not be limited to, libraries, school-based health centers, and faith based organizations. Deb to work with ODCP to determine method to measure this as possible.
- Strategy 1, KPI 6 – Justin Smith (ODCP) provided an overview of ‘Action Counties’ identified by the ODCP, noting that these counties were identified as having highest.

overdose death rates. They include for example, Boone, Cabell, Fayette, Kanawha, Logan, Mercer, Monongalia, and Raleigh counties. Work is ongoing through the Plan year.

- Strategy 2, KPI 2 – There are currently 39 Quick Response Teams in 38 counties with ongoing monthly meetings and 1:1 technical assistance through the Bureau for Public Health.

Goal 2

- Strategy 1, KPI 1 – This KPI is being fulfilled through expansion of the Project Engage model through Berkeley Medical Center and the hospital in Jefferson county. The kick off meeting for the project is set for early June. This project also included a survey for all staff and administration of the health system around SUD as a foundation for the project. Cabell-Huntington Hospital and St. Mary’s in Huntington have already implemented the Project Engage Model. Deb will also check with the WV Hospital Association for any additional information on hospitals that have implemented this model.
- Strategy 1, KPI 2 – KPI 25% and ongoing at end Quarter 1. There are currently more than 10 hospitals that have implemented, including but not limited in the following counties: Berkeley, Boone, Cabell, Grant, Kanawha, Logan, McDowell, Ohio, Preston, Putnam, and Raleigh.
- Strategy 1, KPI 3 – 25% at end Quarter 1; additional guidance to be requested from ODCP on this KPI to make it more measurable.
- Strategy 2, KPI 1 – 25% and ongoing; the most recent addition to the dashboard is fatality data. The Subcommittee discussed and recommendation removal of ‘critical incident’ from the KPI as it is not measurable.
- Strategy 3, KPI 1 and 2 – these KPIs have similar KPIs currently in the Treatment, Recovery, and Research Subcommittee section of the plan. Both are 25% and ongoing. Following discussion, the Subcommittee requested Deb compare the KPIs and discuss with TRR Chair to determine if they should be removed from this section if duplicative or reference the reader to the other section.

Goal 3

- Strategy 1, KPI 2 – The Subcommittee discussed concern with inclusion of the term ‘best practices’ in the KPI and recommended referring this KPI to a workgroup for further discussion.
- Strategy 1, KPI 3 – The Subcommittee discussed that activity has occurred in at least one county and recommended adding a target for the number of communities to be met by

the KPI to strengthen measurement. KPI 0% Quarter 1 and referred to subgroup for revision of KPI for measurement in future quarter.

- Strategy 1, KPI 4 – The Subcommittee discussed how best to explore development of best practices and recommended this start with initial review of the literature with report to the Subcommittee at June meeting. May also consider revising the word “develop” to “adopt” best practices that already exist.
- Strategy 1, KPI 6 – The Subcommittee discussed possible removal of this KPI due to this activity no longer occurring and requested guidance from ODCP.
- Strategy 2, KPI 3 - The Subcommittee discussed this KPI, Deb will contact WVPCA to establish the baseline for discussion at the next meeting and how to best measure this in future quarter.
- Strategy 3, KPI 2 – Deb Koester will email Amy Atkins and Suzanne Bailey for update on meeting the approaching deadlines and report at June meeting.

Adjournment

As there were KPIs that will require further review and possible revision to clarify and strengthen them, Deb Koester will convene a workgroup of Subcommittee members on this prior to the next meeting. With no additional discussion, Dr. Michael Kilkenny and Dr. Emma Eggleston closed the meeting by thanking all subcommittee members for their attendance. The subcommittee will meet again in June.

Health Systems

Goal 1: Reduce fatal and nonfatal overdoses.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
Strategy 1	Provide broad access to naloxone across the state for those who need it including, but not limited to, first responders, local health departments, quick response teams, and treatment programs (medication-assisted treatment and detox).				
KPI 1	Through December 31, 2022, assess and assure that naloxone is available upon discharge from inpatient healthcare facilities (i.e., emergency departments, discharge from inpatient hospital stay, and discharge from state hospitals). continue to advance processes that enable access to naloxone upon discharge from healthcare facilities.	25%			
KPI 2	Over the course of the plan, 50% of local health departments will have access to naloxone to distribute by December 31, 2020; 75% by December 31, 2021; and 95% by December 31, 2022 as measured by the number of counties ordering naloxone and the quantity of naloxone distributed monthly.	100%			
KPI 3	Advance availability of naloxone for distribution as measured monthly for 1) the number of Quick Response Teams (QRTs) distributing; 2) the number of counties naloxone is distributed in by QRTs; and 3) the quantity of naloxone distributed for the duration of the plan.	25%			
KPI 4	Through December 31, 2022, continue to identify, implement, and report additional strategies to distribute naloxone in local communities (i.e., food banks).	25%			
KPI 5	By December 31, 2022, establish and support a sustainability plan for naloxone funding for the duration of the plan.	100%			
KPI 6	The Office of Drug Control Policy will provide ongoing technical assistance and support to ACTION counties (counties with highest overdose death rates) to establish immediate steps to save lives throughout the duration of the plan.	25%			
Strategy 2	Increase resources and support for expansion of Quick Response Teams in local communities across the state.				

KPI 2	Support existing Quick Response Teams throughout the duration of the plan through monthly, virtual peer networking meetings.	100%			
Strategy 3	Utilize data to strengthen community responses by gathering, sharing, and disseminating data on fatal and nonfatal overdoses with local communities and providing technical assistance on utilization of data at the community level.				
KPI 1	Through December 31, 2022, and under the direction of the Office of Drug Control Policy, continue to operationalize a statewide data collection system and dashboard that is updated within 72 hours after receiving relevant data.	25%			
KPI 2	Through December 31, 2022, continue to offer resources and support on how to access use of the dashboard and interpret the data it contains to support community response.	25%			
KPI 3	By December 31, 2022, establish a pilot of up to three communities using Overdose Fatality Review Teams as an approach to data use that strengthens local response'.	5%			

Goal 2: Expand points of access to substance use disorder treatment through health care system integration.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
Strategy 1	Promote improved access to substance use disorder treatment through a coordinated approach with healthcare system facilities.				
KPI 1	Through December 31, 2022, continue to support at least two hospital systems in addressing substance use disorder for all patients using a facility-wide model that includes the integration of universal screening, medication-assisted treatment initiation, and coordinated care transition.	25%			
KPI 2	Through December 31, 2022, continue to support at least ten hospital emergency departments in developing clinical pathways for medication-assisted treatment and transition to substance use disorder care (i.e., Mosaic model).	25%			
KPI 3	Through December 31, 2022, continue to enhance inpatient and outpatient efforts for screening for substance use disorders, associated comorbidities (hepatitis, HIV, etc.), and timely and effective transitions to	25%			

	treatment wherever those with substance use disorder are in contact with the health care system.				
Strategy 2	Develop a response system statewide through permissible data sharing to quickly identify trends and critical overdose incidents for rapid community response.				
KPI 1	For the duration of the plan continue to support the public dashboard to display trends and critical incidents that enable local communities to be responsive.	25%			
Strategy 3	Address barriers to treatment by expanding digital therapeutics, mobile service delivery, and telehealth.				
KPI 1	By December 31, 2022, continue to expand mobile treatment options to all Department of Health and Human Resources behavioral health regions, including underserved areas.	50%			
KPI 2	By December 31, 2022, continue to increase integration and use of digital therapeutics and telehealth in treatment approaches.	70%			

Goal 3: Reduce the risk of infectious diseases associated with substance use disorder.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
Strategy 1	Increase understanding of harm reduction and stigma and increase cross-sector partnerships in the design, implementation, and evaluation of comprehensive, evidence-based harm reduction programs.				
KPI 1	Support communities undertaking new licensure of their harm reduction program through provision of funding, technical assistance, and quality improvement efforts throughout the duration of the plan.	25%			
KPI 2	Decrease harm from injection drug use in all existing harm reduction programs through increase in naloxone distribution and linkages to treatment and best practices for harm reduction programs throughout the duration of the plan.	25%			
KPI 3	By December 31, 2022 conduct an annual statewide summit on harm reduction to develop best practices Convene partners doing work in communities to reduce	0%			

	health and cost burdens of infectious diseases through cumulative harm reduction strategies, vaccinations, and syringe services for lessons learned and to establish appropriate next steps for the duration of the plan.				
KPI 4	Through December 31, 2022, develop a toolkit continue to develop a set of best practices for all local health departments and/or other healthcare or community organizations that wish to establish a harm reduction program. to adopt and implement to help reduce syringe litter to prevent harm to first responders and community residents throughout the duration of the plan.	0%			
KPI 5	Through December 31, 2022, continue to support cross-state multi-sector forums (i.e., KY, OH, MD, WV) to share lessons learned and advance best practices in implementing evidence-based harm reduction services.	25%			
KPI 6	Through December 31, 2022, continue to build capacity and conduct local harm reduction program assessments in ten programs to support quality improvement and providing technical assistance that maximizes program effectiveness and reduces stigma through education.	REMOVE?			
Strategy 2	Increase screening and rapid access to treatment of infectious diseases associated with substance use disorders (i.e., hepatitis C, HIV, hepatitis B, sexually transmitted diseases, endocarditis, abscesses, etc.) at any entry point for substance use disorder treatment.				
KPI 1	Through December 31, 2022, continue to integrate screening for infectious diseases into key entry points for care related to substance use disorder via a standard screening panel and clinical protocols.	25%			
KPI 2	Through December 31, 2022, continue to advance capacity to rapidly expand community testing services for HIV/hepatitis C virus and investigate, track, and manage identified cases.	25%			
KPI 3	Through December 31, 2021, assure availability of training and education for primary care providers to increase screening and treatment of hepatitis C and HIV. continue to work with community health centers and healthcare providers to increase by 20% the number of	25%			

	sites with capacity to provide HIV and hepatitis C treatment in the primary care setting.				
KPI 4	Through December 31, 2021, continue to increase primary care provider knowledge of and capacity to provide Pre-Exposure Prophylaxis (PrEP) for HIV prevention for high risk individuals.	25%			
KPI 5	By December 31, 2022, develop a plan that expands Medicaid coverage of hepatitis C treatment to decrease community transmission.	0%			
Strategy 3	Develop and implement a statewide West Virginia Hepatitis C Elimination Plan.				
KPI 1	By July 31, 2022, conduct a comprehensive, multi-sector strategic planning process that results in a written, multi-year, West Virginia Hepatitis C Elimination Plan.	10%			
KPI 2	By July 31, 2022, develop the Year 1 Strategic Action Plan for the West Virginia Hepatitis C Elimination Plan.	0%			