

Meeting Minutes of the Governor's Council on Substance Abuse Prevention and Treatment Courts and Justice-Involved Populations Subcommittee March 12, 2024, Approved

Attendees:

Amber Blankenship, Stephanie Bond, Candace Facemyer, Jeremy Husted, Gary Krushansky, Tom Plymale, James Rowe, Stephanie Thornton (chair)

Opening:

Stephanie Thornton (chair) provided welcome and opening remarks of this meeting of the Governor's Council on Substance Abuse Prevention and Treatment, Courts and Justice-Involved Populations Subcommittee. The meeting was called to order at on Tuesday, March 12, 2024 and was conducted by Zoom conference. A quorum was present to approve February meeting minutes. Stephanie made the motion to approve the minutes and Amber seconded the motion. The purpose of this meeting was to hear from Dr. Jeremy Husted from WVU Medicine's Department of Behavioral Medicine and Psychiatry and update on 2024 implementation planning for the State Plan.

Agenda Items:

Treatment Services for Reentry (Dr. Jeremy Husted, WVU Medicine)

- Jeremy has extensive experience in various treatment settings, including detox, dual diagnosis, and residential treatment, but currently focuses on managing an addiction IOP program, where he triages individuals. He highlights the challenges faced by individuals released from prison, such as arriving for intake without an appointment, possessing only a short supply of medication, and often relapsing. Efforts are made to swiftly provide medication, ensure access to pharmacy services (checking for ID and payment capabilities), with SOR grants frequently covering medication costs. Another issue is individuals entering jail on stable medication regimens but being denied their medication in jail, leading to relapse. While Dr. Husted acknowledges this is less common now, it still occurs.
- Key issues identified include ensuring the reentry population has IDs for medication pickup, addressing insurance activation delays post-release, and managing medication continuity, as some jails switch medications leading to prescription and payment challenges upon release. Ensuring follow-up appointments rather than providing just a short-term medication supply is critical for preventing relapse.

- Dr. Husted mentions that while sometimes jails notify him in advance about a patient's release, many individuals seek help through initiatives like Help4WV. He also points out the role of the WVU telehealth program in supporting these individuals, though initial intakes require in-person visits, underscoring the importance of transportation to these appointments.
- The regulation of long-acting buprenorphine by the DEA is strict, making it challenging for pharmacies and clinics to administer Sublocade, which must be delivered directly to patients from the clinic.
- Amber discusses a pilot ID project (HB 5565) possibly starting at Western, but anticipates it might take another year to implement. Staffing shortages and unstable conditions in jails/prisons are seen as significant barriers. Dr. Husted points out that providing IDs for the incarcerated population should be straightforward, given their well-documented identities. At a roundtable discussion with senators and legislators in December, the proposal met with no vocal resistance.
- Stephanie mentions that Medicaid recipients should have access to transportation for clinical appointments. Dr. Husted, however, points out challenges with ModivCare, such as the need for advance booking, discrepancies between scheduled and actual transportation, and issues with addresses not matching, despite case managers' efforts to resolve these transportation issues.

2024 Implementation Planning

- Stephanie proposed forming a task force to address the identified gaps (such as transportation, ID provision, and prescription access) by bringing together diverse stakeholders. Judge Rowe recommended including a representative from Community Corrections to help address these challenges and to assist with triaging individuals upon release.
- Stephanie plans to contact Deb Harris from Jobs&Hope to gather information about reentry liaisons. She noted that last month's speaker, William Prue, mentioned individuals assigned to regional jails and work release centers, focusing on their release but with some ambiguity regarding their subsequent care or treatment. Stephanie Bond intends to follow up with him for the contact details of reentry coordinators.
- Additionally, Stephanie suggested developing a map to visualize the overlap between regional jail locations and MOUD/MAT services to identify service gaps.
- Stephanie outlined the key performance indicators (KPIs) with looming deadlines:
 - Goal 2, Strategy 2, KPI 1: The subcommittee engage in collaboration with the community engagement and supports subcommittee.
 - Goal 1, Strategy 3, KPI 1: The subcommittee partner with the law enforcement subcommittee on initiatives aimed at reducing stigma, planning to focus next on this subgroup.
 - Goal 1, Strategy 1, KPI 1: They will be able to obtain self-reported SUD data from Dr. Amjad, though concerns exist regarding the accuracy of these numbers due to factors like stigma, timing, and the lack of a strong relationship.
 - Goal 1, Strategy 1, KPI 2: Recognizing that providing injectable prescriptions is more costly upfront, but noting potential cost savings in terms of employee and staff time.

- Goal 1, Strategy 1, KPI 4: Progressing towards identifying service gaps based on the discussions held today.

Adjournment:

Stephanne closed the meeting by thanking all subcommittee members for their attendance and participation. The subcommittee will meet again on April 9th at 10 am.