

Meeting Minutes of the Governor's Council on Substance Abuse Prevention and Treatment May 15, 2024

Attendees:

Dr. Stefan Maxwell, Stephanie Thornton, Dora Radford, Cabinet Secretary Sherri Young, Brittany Lowry, Jeremiah Samples, Stephanie Hayes, Christina Mullins, Dr. Deborah Koeseter, Dan McCawley, MAJ Brittany Watson, Dr. Jim Becker, Dr. Hyla Harvey, Cabinet Secretary Cynthia Persily, Jostin Holmes, Bradley McCoy, Lyn O'Connell, Rob Cunningham, Amber Bjornsson, Amy Saunders, Carly Glover, Nick Stuchell, Dr. James Berry, Jessica Smith,

Opening:

The regular meeting of the Governor's Council on Substance Abuse Prevention and Treatment was called to order at 3:04 p.m. on Wednesday, May 15, 2024 by the Acting Chair, Dr. Sherri Young. The meeting was conducted by Zoom conference. Quorum was established.

Agenda Items:

Approval of Minutes of March 20, 2024 Meeting

The Chair entertained a motion to approve the March 20, 2024 meeting minutes. Dr. Maxwell moved the approval and Brian Gallagher seconded. The motion carried by unanimous consent without further discussion.

Update from the Pregnant and Parenting Women Subcommittee

The Chair of the Pregnant and Parenting Women (PPW) Subcommittee, Dr. Stefan Maxwell, gave the Council an update on the activities in this Subcommittee. Including:

- The Subcommittee's first KPI was to increase standardized screening (Prenatal Screening Risk Instrument) to identify pregnant and parenting women (PPW) with a Substance Use Disorder (SUD). The Subcommittee discovered that only 60% of providers do this screening. The Subcommittee had been working to identify the reasons this screening is not being utilized. In support of this analysis, they were examining the form to see if it could be simplified. They were also identifying which practices were not filling out the form in order to ask them why they do not use the form. The Subcommittee's goal is to also incorporate this form into electronic medical records.
- The Subcommittee's next KPI was to educate nurses on the Birth Score form and this KPI had been completed. Over the years the form had been simplified and revised to include questions about SUD. Project Watch in Morgantown is housing the data for this project. WV has ten times the national average of NAS. The completion rate for this form is near 100%.
- The Subcommittee had also formed a KPI to examine housing for PPW women. They were to identify housing including how many and what type of recovery and treatment housing existed

for PPW women. Through this they had identified several housing deserts within the state. This KPI was 60 - 70% complete.

- The most recent focus of this Subcommittee was all the substances being used during pregnancy including alcohol and methamphetamine. There was a lack of knowledge surrounding what damage could be done at different times during pregnancy. Most women did not drink during the first and second trimesters. However, the incidence of drinking in the last trimester was higher. Drinking in the last trimester could cause significant damage to the brain. There were no physical features of this syndrome (Fetal Alcohol Spectrum Disorder - FASD) and symptoms sometimes did not appear until school age where they were misdiagnosed as ADHD or ASD. There was not a good screening device for alcohol use in the third trimester. However, by using another chemical providers could see if there had been alcohol use within the last three months.
 - By using a sampling of stored newborn blood spots at the state lab they were able to identify between 8.1 and 12% use of alcohol within the last trimester of pregnancy.
 - The Subcommittee proposed a second study using newborn blood spots.
 - The Subcommittee was looking at using social media for an education campaign on this issue.
 - The Appalachian High Intensity Drug Trafficking (AHIDTA) was using ADAPT (Advancing Treatment and Prevention) to help address this issue.
 - Rebecca Bates and Laura Pepper were directors of this project.
 - The Subcommittee was hosting a Town Hall Meeting to examine the effects of methamphetamine use in pregnancy.
 - Methamphetamine use during pregnancy can cause placental insufficiency and low growth rates.
 - Use of methamphetamines during pregnancy can also cause death to the mother and baby.
 - Physicians are required to keep babies exposed to opiates in utero for five days for observation. However, there are no guidelines for exposure to other substances.
 - The Subcommittee was looking at creating a pilot at Lilly's Place for babies exposed to other substances.
 - Dr. Maxwell believed some of the elevated instances of SIDS in West Virginia could be related to SUD, for example, co-sleeping with infants.
 - Discussion was had on medical marijuana:
 - Marijuana was the most common drug used in pregnancy.
 - Marijuana had hundreds of cannabinoids. However, medical marijuana was hybridized in order to focus the effects on certain ailments, e.g., nausea.
 - This hybridization led to versions with larger THC/cannabinoid content.
 - In addition, these drugs contained other substances.
 - This created a serious problem that lacks large scale research.
 - Could cause growth restriction, preterm labor, and placental abruption.
 - Therefore part of the Subcommittee's proposed education campaign would include education on medical marijuana.
 - Some versions of marijuana also contained Xylazine.

- Australian researchers had theorized that Xylazine causes withdrawal symptoms in babies and were treating it with Clonidine.
 - Research had suggested that marijuana exposure in utero caused long-term problems for children.
- Secretary Persily had reviewed the policy for reimbursement for NAS and shared those with the group through the chat feature.
 - It appeared methamphetamine exposure may be reimbursable.
 - However, babies exposed to methamphetamine did not show signs of withdrawal.
 - There was another section that may cover asymptomatic newborns with in utero exposure.
 - The Department was also interested in being involved in the proposed education campaigns.

Update from the Courts and Justice-Involved Populations Subcommittee

The Chair of the Courts and Justice-Involved Populations Subcommittee, Stephanie Thornton, gave the Council an update on the activities in this Subcommittee. Including:

- The focus of this subcommittee is criminal justice-involved populations, parents with SUD (with child abuse and neglect filings), overcoming access to MOUD barriers, overcoming transportation barriers, and stigma reduction.
- Individuals reentering from justice settings are at a much higher risk of overdose death
- The subcommittee was experiencing success in:
 - Identifying MOUD administration points for injectable medications to support the reentry population.
 - Identifying linkages to resources including treatment.
 - Compiled and shared overlay of SUD treatment providers and diversion opportunities for courts.
 - They were increasing information sharing with courts.
- The subcommittee was working to increase information for incoming judges including training on MOUD and stigma.
- The subcommittee was working to address barriers to transportation, access to MOUD with linkages to care, and SUD screening tools for courts.
- The subcommittee was collaborating with other entities to:
 - Determine the number of people entering jail with a self-reported SUD.
 - Examine costs of MOUD treatment in oral versus injectable forms.
 - Having the WV Law Institute provide education of expungement clarification.
 - A stigma reduction campaign for courts.
 - Education on transportation for case managers.
- The Community Engagement and Supports Subcommittee was having an in-person meeting that would be a good opportunity for further collaboration between these subcommittees.

Updates on 2024 Quarter 1 Progress of Implementation of the Strategic Plan

Rachel Thaxton of the Office of Drug Control Policy provided the group with and update on implementing the Strategic Plan, specifically:

- There were 105 Key Performance Indicators (KPIs) in the Plan.
- As of May 13, 2024
 - 5 KPIs were completed
 - 30 KPIs were in progress
 - 40 KPIs were not started, and
 - 30 KPIs had not been reported on (this was holding up publishing of the Quarterly progress report)
- It is not uncommon to see KPIs not started at this point in the year.
- The Treatment and Health Systems Subcommittee had an in-person meeting and is revising their plan accordingly.

Updates on the 2024 Town Hall Meetings and 2025 Planning

Dr. Deborah Koester provided the group with an update on 2024 Town Hall Meeting and 2025 Planning.

- Town Hall Meeting dates would be:
 - August 7, 2024
 - August 14, 2024
 - August 21, 2024, and
 - August 28, 2024
- The format of the meetings would be the same as last year.
 - Over 1,000 individuals attended in 2023.
 - Meeting organizers were able to use demographic information to map the location of participants and to allow targeting of areas of lower participation.
- Registration would open on July 10, 2024.
- Subject matter experts would be added to break out sessions.
- A summary report would be available in September of 2024; and
- Draft 2025 plans would be complete by November 15, 2024.

Updates on Youth Subcommittee

Dr. Koester also updated the group on the status of the newly formed Youth Subcommittee.

- Representatives from four of the eight existing subcommittees had been recruited to serve on this subcommittee.
- They were in the process of adding community and state partners.
- In addition they were working to compile the data from the 2023 Youth Town Hall Meeting
- They were planning to convene the first meeting in June of 2024.

Office of Drug Control Policy Updates

Interim Director, Rachel Thaxton gave the group an update on the activities of the Office of Drug Control Policy (ODCP).

- The QR Code that provided a link to the ODCP data dashboard was shared with the group.
- The number of fatal overdoses in 2023 had not been finalized.
 - However, the CDC predicted an increase of 3.51% in 2023 for the State of West Virginia.

- Fentanyl was responsible for the most overdose deaths in West Virginia in 2023.
 - Methamphetamine was the second largest substance responsible for overdose deaths.
- Country Snapshots had been published on the ODCP website.
- The ODCP had been working on a standardized statewide anti-stigma training and were working to launch a statewide media campaign.
 - ODCP continued to provide anti-stigma training to CPS workers.
 - ODCP has expanded this offering to law enforcement and judicial systems
- NaloxONE was launched in April 2022 through pharmacies.
 - This program asked pharmacists to educate patients on the dangers of opioids and how to administer naloxone and properly dispose of medications.
 - 17 pharmacies were participating in the program at the onset which had increased to 30 pharmacies.
 - 153 doses of naloxone have been distributed through this program.
 - WVDII had been able to place NaloxBoxes in almost 40 DHHR satellite offices.
- In 2023, 97,780 naloxone kits had been distributed in West Virginia.
 - Of those, 12,000 of those were distributed on Save a Life Day.
 - All 55 West Virginia counties participated in Save a Life Day in 2023 along with 15 other states.
 - Save a Life Day would be on September 26, 2024.
 - This year's goal was to include every state east of the Mississippi.
- ODCP had been working with Wood County to identify resources for individuals leaving treatment
- In addition, ODCP has started a bed availability survey to identify how many beds are available and where in order to assist probation officers and others in connecting individuals to treatment.
 - This survey was updated weekly and included contact information and type of bed available, e.g. female beds, male beds.
 - ODCP was working on automating this survey.
- Family Treatment Courts were having success and had provided 473 successful referrals to treatment.
 - 672 dependents were helped by this program.
 - 176 individuals had graduated from the program.
 - There were 242 family reunifications (242 physical reunifications and 266 legal reunifications)
 - 9 drug-free babies were born.
- Jobs and Hope had celebrated their 500th graduate and had provided:
 - 788 PRSS services
 - 8,445 Drug Screening services
 - 11,497 Referral Call Line connections
 - 1,214 Dental and Vision services
 - 84,565 Transportation Services
 - 170 Cars Donations
 - 76 Childcare connections
 - 12 Tattoo Removals, and
 - Had created over 50 recovery-friendly jobs

- There were 1,619 program participants
- 33 completed expungements
- 1,811 driver's license reinstatements, and
- 508 graduates.
- ODCP had 6 Collegiate Recovery Programs in West Virginia with:
 - 2,927 Support Sessions provided
 - 7,589 individuals trained on naloxone
 - 4,773 RX Disposal kits distributed
 - 5,264 Groups Support Sessions provided
 - 8,436 Naloxone Kits Distributions
 - 3,724 Fentanyl Test Strips distributed, and
 - 22,587 total outreach encounters
- Jostin Holmes and Interim Director Thaxton were traveling to San Diego to present at the Recovery in Higher Education conference on their predictive module and the CORA project.

Other Agency Updates

Deputy Secretary and Interim Commissioner Christina Mullins provided the group with an update on agency activities related to SUD.

- The Bureau for Behavioral Health (BBH) had submitted their application for the CCBHC demonstration project.
 - They remained optimistic that their chances for funding were good.
 - October 1 was the planned implementation date for this project.
- They were working with the OIG to develop plans for the changes to 42 CFR Part 8.
- In addition they were continuing to work on measurable outcomes with Medicaid under the new laws.
- BBH was examining national data through the State Opioid Response grant (SOR).
 - When comparing other states with individuals in 6 month treatment retention, West Virginia was doing as well as or better than other states.
 - Abstinence from alcohol or illegal drugs significantly improved.
 - There was improvement in lack of involvement with criminal justice.
 - Individuals in West Virginia were more likely to be employed or in school.
 - West Virginia was outperforming other states in housing stability.
- BBH was beginning to take a close look at SUD bed capacity and were seeing some counties approach maximum capacity including Cabell and Kanawha Counties.
 - In Cabell County they were working with Lily's Place and Pretera to help with bed capacity issues and support Lily's Place.

Dr. Hyla Harvey updated the group on recent activities at the Bureau for Medical Services.

- The number of medicaid participants receiving MOUD treatment was 13,000 members.

Deputy Secretary Rob Cunningham updated the group on activities at the Department of Homeland Security (DHS).

- They had started their Second Chance Act Recidivism Program. nd chance act recidivism program
- They had also hired over 600 new correctional officers.

Cabinet Secretary Persily extended a thank you to the DHS team in Wood County. Deputy Secretary Mullins reiterated the Department's appreciation of those efforts especially the connects with Ann Thomas and Patrick Mirandy who had facilitated progress in Wood County

Adjournment

The meeting was adjourned by motion and unanimous consent at 4:32 p.m.