

Meeting Minutes of the Governor's Council on Substance Abuse Prevention and Treatment November 15, 2023

Attendees:

Dr. Maxwell, Brian Gallagher, Deb Koester, Dr. Sherri Young, Rob Cunningham, Christina Mullins, CPT Brittany Watson, Jon Dower, Carly Glover, Kim Tieman, Melanie Purkey, Amy Saunders, Gary Krushansky, Nick Stuchell, Dr. Christiansen, Sheila Reynolds, Jostin Holmes, Bradley McCoy, Dr. Kilkenny, Dr. Becker, Hyla Harvey, Jessica Smith, Lyn O'Connell, Stephanne Thornton, Garrett Moran, and Dr. Cynthia Persily.

Opening:

The regular meeting of the Governor's Council on Substance Abuse Prevention and Treatment was called to order at 3:00 p.m. on Wednesday, November 15, 2023 by the Chair. The meeting was conducted by Zoom conference. Quorum was established.

Agenda Items:

Intro and welcome - Chairman Brian Gallagher

The Chair welcomed the Council and introduced new meeting attendees.

Approval of Minutes of September 20, 2023, Meeting - Chairman Brian Gallagher

The Chair entertained a motion to approve the September 20, 2023 meeting minutes. Kim Tieman, moved the approval and Dr. Maxwell seconded the motion. The motion carried by unanimous consent without further discussion.

Discussion of recommendations from Youth Town Hall meetings and how best to incorporate those into existing Governor's Council layout

Dr. Koester gave the Council an overview of the results from the Youth Town Hall Meetings. Discussion was had on how best to incorporate this information into the current Governor's Council framework. Deputy Secretary Mullins emphasized the importance of this issue and recommended that this have its own subcommittee. Dr. O'Connell discussed adding to an existing subcommittee that could pull together resources from other subcommittees. Amy Saunders recommended that individuals from the youth population be involved. The Chair supported prioritizing youth involvement. Jon Dower expressed concerns over duplication of efforts. Youth is not addressed in all sections of the plan. Deputy

Secretary Mullins expressed concerns that there is not enough capacity and emphasized adding youth to the treatment subcommittee. Dr. O'connell agreed that the youth treatment piece is warranted. Other Council members also agreed. Dr. Becker believed this would belong in a separate group. Dr. Maxwell's subcommittee on Pregnant and Parenting women were to discuss these findings in their subcommittee and felt there was some overlap but agreed that youth should be included. Dr. Maxwell moved to form another subcommittee composed of existing subcommittee members for youth. The Chair preferred that an existing Councilmember chair the new group. Dr. Moran seconded Dr. Maxwell's motion. The motion carried by unanimous consent without further discussion.

Discussion of policy issues and funding for upcoming legislative session

The group first discussed increasing access to methadone. There were concerns that physicians working in labor and delivery were unable to continue women on their methadone because of current legal restrictions. Providers serving women who are inpatient should be able to continue labor and delivery patients on their current medications because inpatient medications are not given via prescription. Medications given inpatient are orders.Methadone can be written for pain management.

The Community Engagements Subcommittee discussed legislation surrounding revision to recovery housing structure and, more support for operators to achieve WVARR certification,

The Recovery Subcommittee expressed concerns that the new WV First Foundation funding will cause a reduction in funding. Discussion was had on the process of defunding. Deputy Secretary Mullins reported that defunding would also affect SAMHSA block grant amounts. Further discussion was had by Delegate Summers, who serves on the House Finance Committee, on current funding and its relationship to WV First Foundation Funds.

Stephanne Thornton reported that her group was exploring expungement laws to allow for expungement to happen in multiple jurisdictions. A group would be proposed to address expungement clarification.

Dr. Persily updated the council on methadone reporting. Methadone was only reported to the Board of Pharmacy's Controlled Substance Monitoring Program (CSMP) if it was given for pain. Other instances such as those used at OTPs are administered instead of prescribed and therefore not required to be reported to the CSMP.

Hunanimous consent was obtained for these legislative priorities.

Agenda SUD related updates

Bureau for Behavioral Health (BBH)

Since the implementation of HB 3306 BBH had been collaborating to update the ODCP data dashboard. BBH had held a call to discuss buprennorhpine (Suboxone) access in the eastern panhandle. There were reports that individuals could not get their prescriptions filled. This issues appeared to be at two pharmacies. BBH had reaching out to get help with this issue. Since there is a new treatment facility in this area, this could prove to be an ongoing challenge.

Office of Drug Control Policy (ODCP)

Counsel for ODCP reported that the Recovery Residence Task Force (Task Force) had submitted their findings to the Legislative Oversight Committee on Health and Human Resoures Accountability and the Joint Health Committee. The Task Force was now working on recommendations to be presented by December 15, 2023. The meetings of the Task Force were open meetings and complete information could be found on the ODCP website. Dr. perisly reported and department wide initiative to looka t impact of programs discussed at LOCHHRA.

Bureau for Public Health (BPH)

The Overdose Data to Aciton Grant continued to renew funding for QRTs. The QRT Summit ODCP and BBH went well. BPH was continuing to support the Board of Pharmacy's Prescription Drug Monitoring Program and SUDORS database. The state-wide opioid antagonist standing order had been updated to include OPVEE (nalmefene). This medication was long-acting and had less of a drop off effect and may work with more potent opioids.

Bureau for Medical Services (BMS)

The BMS had been discussing Subozone access. Another piece of this issue was the regulation of the ratio of generic to nongeneric medications. The pharmacy division was working on this and looking at some options to help alleviate this barrier. Dr Harvey asked the group to provide her with any feedback on switching the formulary to generic Suboxone. Aetna has begun a ONEbox initiative to get these kits into schools, FQHCs and libraries. The Chair asked that any issues be given to Dr Harvey.

West Virginia Department of Homeland Security (DHS)

Incoming Secretary Sorsaia introduced himself and talked about his background. He had been in his third month in this position. Deputy Secretary Mullins epxressed her gratitude and understanding of his discussion points. The Chair expressed the importance of DHS in the fight against SUD and all input is valuable.

West Virginia Department of Education (DOE)

No updates.

Other

Further discussion was had on bupenorphine access. Councilmember Thornton added that bupennoprhine access is also affecting those leaving incarceration.

The DEA reported that they had not been pursuing criminal charges for diversion of suboxone and pharmacies need to know this information. Unless individuals are making their living selling suboxone this would apply. Secretary Persily reported that the issue has become more complex and is a supply chain issue relating to federal rule re: ratio of controlled to noncontrolled substances.

Review of 2024 State Plan timeline and progress

Dr. Koester, all 8 subcommittees are working on prioritization of KPIis and would complete their review by the next Monday.

Overview and discussion on December 15 Council planning retreat

The morning session would include members of the West Virginia First Foundation as invitees to learn about the Strategic Plan and how it was developed. During lunch Johns Hopkins would present atlk about how other states how used their settlement money. Afternoon will be subcommittee chairs presentign so the West Virginia First Foundation could hear their top three priorities.

Adjournment

The Chair entertained a motion to adjourn. Council Member maxwell moved and Council Membereconded the motion. The motion was adopted and the meeting adjourned at 4:17 p.m.