

GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE PREVENTION AND TREATMENT

November 13, 2019

4:30pm – 5:30pm

MEETING MINUTES

ATTENDEES:

Present: Matt Boggs, Brian Gallagher, Robert Hansen, Dr. Cathy Slemp, Christine Mullins, Diana Whitlock, Gary Krushansky

On the phone: Dr. Jim Berry, Tom Plymale, Dr. Mock, Craig Boisvert, Clay Marsh, Jeff Sandy, Kim Tieman, Dr. Mike Kilkenny

Introductions

Brian entertains a motion to review and approve minutes, Matt Boggs moves, minutes approved.

Strategic Plan Update

Public Comment review:

Brian spoke about the public forums and reviewed the 2019 Executive Summary of the Substance Use Response Plan and the Prioritization Summary document. Most people who attended the public meeting wanted more time to review with the Council. Consistent public communication was advised.

Bob reviewed the process going through the public comments and prioritization. Matt and Rachel hosted 2 meeting for people who have a lived experience with SUD, as well.

Rachel and Matt hosted 2 meetings, one in North and one in South for those with lived experience. This was suggested by attendees at Community forums. About 30 people attended each meeting and identified stigmatizing language. Also had ideas about re-entry and advocacy. Believed very beneficial for input. Want to have a centralized group that represent people in recovery so that they have a voice in policy development. Bob suggested need to develop a more formal process for people with lived experience to have input. 2-3 states were mentioned as examples (Ohio and Kentucky), but Matt could not remember third State. Matt believes they were helped developed by the State but became autonomous as they matured.

There was meeting of the implementation subcommittee to draft tactics for the goals. Objectives were renamed to KPIs. 18 goals and 65 strategies and various KPIs. Tactics are going to be critical to get from goals to KPIs. After they are developed, they will be shared with the Council for feedback.

Next Steps:

Bob and Brian have been asked to present to the LOCHHRA, which they will do on what we have so far. Changes have been made to the document based on public comment and prioritization. Subcommittees need to schedule a meeting/call next week to review the document, did we miss anything? And ideas for tactics? Deb and Brian want to be involved in all of those. The plan will go in front of the Council on the 18th for approval before being presented to the legislature at the beginning of 2020.

Once finalized the Brian and Bob will need to get with the Governor's office to inquire about funding opportunities.

Collaboration among state agencies will be crucial moving forward and will come out in the tactics more specifically.

Bob suggested that we lay out what we are going to do this month and December concerning the timeline of the plan so that everyone has a clear understanding.

Dr. Marsh mentioned the balance of short term and long-term goals. He believes the plan is on target.

Matt – a lot of the things in the plan are already in progress. Many people weren't aware, and it was informational for the public.

Weakness in the previous plan was that it was drafted by the DHHR without a mandate that any other agency be involved. We tried to build on the old plan. Criticism of the new plan was limited indicating that we were comprehensive.

DHHR Updates

BBH:

Christina Mullins

The bureaus has 3 AFAs posted now. One for addental community Tx and peer supports, federal dollars specific to OUD for room and board/recovery homes, 2 parts (1) repairs for existing recovery homes intent to meet WVARR certification standards, (2) new build for all pathways including MAT. PPW AFA has been reviewed will be announced soon. \$31M in SOR funding has been allocated and distributed. The next big things will be work around prevention. There is a list of EB curriculums that will be given to PLOs to distribute in their regions. They can then advise on how to apply and spend available funding that will be released. BBH and ODCP submitted abstracts to the National Rx Summit in Nashville and both were accepted.

ODCP:

Robert Hansen

ATLAS initiative provider survey is active now. We are encouraging Tx providers to complete this survey. The goal is 80%, only 8% have completed it to date. Shatterproof will be rolling out a webpage in the spring that lists providers and quality performance indicators. This is a national initiative, they are working on sustainability and scalability for the quality measurement system.

Site visits to the County Projects in Wyoming and Berkeley/Jefferson. Good attitudes and many community-based services providers were present.

Pew Charitable Trust is advising on working with hospitals in WV.

BPH:

Dr. Slemph

ED and hospital systems access projects are in the works.

QRT teams are being expanded in collaboration with ODCP and other bureaus.

Naloxone distribution in partnerships with UC to make it more readily available for community agencies.

Staff is going out to providers to do prescribing education looking at PDMP data to see if practices are changing. So far data suggests it is improving.

Looking at OD deaths in correlation to MAT – not indicated

Infectious disease- cluster in Cabell has 83 cases and a new cluster identified in Kanawha with 8 cases. Information can be found on the website; it is public facing so that people can see what is happening in their communities. Testing is being expanded and linkage to services and continuity of care. Vulnerability assessment looking at risk factors for OD deaths and HIV and Hep C, data being finalized, and new maps are forthcoming. Continuing to mobilize people all over the state.

How can PDMP data be better utilized to execute the Plan? (Brian) Implemented notification of providers if there is an OD of their patient and guidance around how to handle that. Working with licensing boards around appropriate prescribing practices. There are many correlations that can be helpful. Brian – other states are doing other things. Tennessee send letters out to top prescribers. Christina says that WV is doing the letters and following up with those providers.

Brian brought up, there are still issues for people who have legitimate need and have challenges being prescribed appropriately bc policy is too restrictive. Analysis of whether the perception is reality or is or there more education needed. Some prescribing practices may be more fear based than based on the statute. Pharmacists still have stigma issues and fear about filling MAT or Naloxone.

BMS:

No one present

WVDE:

Diana Whitlock

No updates

DMAPS:

Secretary Sandy

WV crime statistics document has been released. 2017 to this year crime has decreased in double digits. He will send to Bob to distribute. Highest incarceration numbers in the history of WV 500 less inmates that 1 year ago. Drug crimes accounts or high incarceration rates. Crime is coming down but steady incarcerations. GOAL unit has had 23 graduates and they appear to be doing well. One lady graduate is working with others who have SUD. 27.9 inmates equals 1M dollars. Recidivism rate in WV is 73% Ohio is 28%. 2,800 inmates eligible for parole in the next 18 months. Reentry will be critical. 25% of the 11,427 incarcerated have mental illnesses.

Initiatives around reentry and reintegration: Commissioner Jividen is increases parole services numbers they have been very low. The GOAL program participants will have someone they an lean on when they

are released. SOR money is funding PRSS assigned to work with regional jails to help with reentry to link people to services. Jack Luikart and his team have been speaking to high schools all over the state.

Evaluation of short- and long-term impact = \$14-15,000 went into measuring short- and long-term impact of these talks. Reduce the number of juveniles that are incarcerated.

Other Business:

Subcommittees will meet next week. Deb Koester will send out emails to facilitate the coordination of those.

Any legislation you can see that we need, please make those suggestions.

Does this time work for everyone? Action item: Doodle poll on time 4 or 4:30.

Meeting adjourned motion Dr. Slemph and Christina seconded at 5:34pm.