

# **Meeting Minutes**

## **Governor's Council on Substance Abuse Prevention and Treatment**

Date: August 14, 2019

Start Time: 4:30 p.m.

Location: One Davis Square, Suite 100, East  
Conference Room 134  
Charleston, WV

Present: Bob Hansen, Rachel Thaxton, Tom Kirk DMAPS, Thomas Plymale, Deb Koester, Gary Krushansky, Christina Mullins, Phil Shimer, Secretary Crouch, Betsy Jividen, KC Bohrer, Matt Boggs, Amy Saunders, Steven Petraney, Dr. Kilkenney, Craig Boisvert, Jim Becker, Kim Tieman and Dr. Slemp

Absent:

### **Approval of Minutes**

Thomas Plymale moved that the minutes of the July 10, 2019 meeting be approved. Secretary Crouch seconded the motion and the motion carried.

### **Discussion of draft strategic plan**

The Council heard highlights of the most recent revisions to the strategic plan.

A crosswalk table has been added in the appendices for the Treatment and Prevention section.

Abbreviation are being spelled out.

Working to eliminate stigmatizing language.

Bob will pull out key objectives that we need to achieve in the next year.

Dr. Slemp asked how we identify the priorities?

We have not addressed tobacco and there is a need to interweave the plan that already exists.

Data collection needs addressed.

Stigma needs addressed.

They have removed duplication and pared down.

Current draft has not been shared with PEW.

Policy pieces can be pulled out into one place.

### **Review of draft timetable**

Opened floor to discussion

Strategies and objectives in prevention and treatment, needs more details in objectives, make them more concrete and actionable

This will be encouraged to all the council chairs

Tracking progress – the process of how we use the plan – this is tied to the data piece/accountability

We will be going out into the community for public comment.

Secretary noted that the timetable is ambitious. Sec. Crouch also stated that we want to get this to the legislature. Who really takes lead on what roles will need to be clarified? Will the Council vote on the final documents?

Use November quarterly meeting for final vote on plan.

Kim Tieman says a lot of these have already started and are within current funding opportunities, but the dates are already set. There is another large amount of federal money coming and they wanted to have things in the plan to address that.

There is a lot of system linkages within the document.

Dr. Kilkenny – looking at health systems, he feels health systems is the best version he has seen for them. Dr. Kilkenny thinks health systems is ready to go.

Progress to Date – chair asked for assistance in developing that section, there is an early draft of that. We could use that as a starting point for that. Think strategically about who might review that to fill in things that are missing.

Matt Boggs, does it make sense to have one person from each sub-committee to help with progress to date. We will still need to circulate around because there is not one person who has all the pieces of the puzzle

## **DHHR Updates**

### **Bureau for Behavioral Health**

Discussed recent site compliance visit from SAMHSA for SOR; we are complying, and we got positive feedback, SAMHSA would like to see money out faster. Project officer was part of the review team, the dollars dedicated to workforce development was being scrutinized by SAMHSA, but they were convinced of the need for those funds after the visit.

STLR is in process of being rolled out – this program targets recent graduates or those graduating soon.

Working on pushing out more AFAS – after Labor Day they expect a lot of AFAs out for recovery supports.

Secondary schools athletic commission got donations for opioid summits, presidents of the university; department of ed and DHHR are coordination to make sure those are evidence based and continuing in nature, they will take place on the 17<sup>th</sup> and 18<sup>th</sup> of September. The Governor may participate as well.

### **Office of Drug Control Policy**

Jobs and Hope – started 2<sup>nd</sup> week in July; hired 11 transition agents; to date they have gotten 245 referrals, 21 of those have already been employed at above minimum wage and 4 are in school; they are coming in very quickly. They have a weekly conference call, advisory group meets every couple of weeks; they are working to add Peer Recovery Support Specialists (PRSS) through the Comps so there will be 9 PRSS who are paired with transition agents to help them with their recovery and there is a workforce specialist to help them get career employment.

How many are in recovery? This is unknown but Rachel will work on getting an answer.

Naloxone distribution workgroup – working with Tx providers, detox centers and ERs making sure all QRTS have naloxone; education materials are finalized; using UC School of Pharmacy for distribution point

ER project working with multiple hospitals to identify and treat people with SUDs, screening, availability of peer recovery, naloxone distribution, when appropriate starting on suboxone/MAT; working with WVU on this; their whole hospital system will be embracing this principle; working with Mosaic who has done this in Maryland. Marshall, WVU, and Hospital Association are involved.

Overdose Dashboard – real time overdose data by community; internal reviews are still underway; in 30-45 days we will have public displays and OD data updated on a weekly basis. Bob has been looking at OD numbers per capita and some communities stand out. This will be a tool to use data with communities on a routine basis.

### **Bureau for Public Health**

Workforce issue in partnership with WV Rural Health Association working on a healthcare workforce assessment including workforce relevant to the opioid epidemic, anticipate Dec. 29 report

Naloxone – national press around Naloxone MMWR article how often are providers who prescribe high doses of opiates also prescribing Naloxone? Our PDMP data over the last year shows a 141% increase in Naloxone prescribing; only about 3% of high doses are also getting Naloxone.

Approached by University of Illinois in an NIH funding regarding funding for Communications and SUD; more broadly HIV prevention using alternative social media platforms to support communities at risk for HIV; linking them to local resources – five year project; there will be someone here full time to work on this project; social media platform does a lot of data mining to identify inaccurate information and suggest accurate information

### **Bureau for Medical Services**

Christina

MOMS Grant – Medicaid has graciously agreed to allow both BPH and BBH to help them write grants they were interested in.

Two grants: WVMOMS Grant and a Support grant which will enhance access for adolescent treatment which we do not have great accessibility.

### **Other Business**

Jim Berry – BMS – grant efforts important

MOMS –

1115 waiver development and expansion moving along invite Jeff Lane, Cynthia Parsons and Cynthia Beane to update on this

Sublocade – extended release bupenorpone product – partnering with Oregon Health Sciences University

Secretary thanked everyone for their work on the grants.

### **Adjournment of Meeting**

There being no further business, the chair adjourned the meeting at 5:18 p.m.

Plymale moved to adjourn.