

Meeting Minutes

Pregnant and Parenting Women Subcommittee of the Governor's Council on Substance Abuse Prevention and Treatment

August 1, 2023, Approved

Attendees:

Janine Breyel, Rebecca Crowder, Deb Koester, Stefan Maxwell (chair), Cody Smith, Randy Venable

Opening:

Dr. Stefan Maxwell (chair) provided welcome and opening remarks of this meeting of the Governor's Council on Substance Abuse Prevention and Treatment, Pregnant and Parenting Women Subcommittee. The meeting was called to order on August 1, 2023 and was conducted by Zoom conference. Due to the lack of a quorum, the approval of previous meeting minutes was postponed and will be addressed in the next meeting. The purpose of the meeting was to review KPI progress for the Pregnant and Parenting Women section of the 2023 State Plan.

Agenda:

Governor's Council Retreat: Review of Strengths, Opportunities, and Roadblocks

- Dr. Maxwell acknowledged the engaged and knowledgeable approach of subcommittee members. With representatives from diverse healthcare sectors, they have identified goals, strategies, and barriers and possess a deep understanding of existing tools and programs, including the PRSI. Their effective efforts support pregnant and parenting women in substance abuse prevention for better health outcomes.
- The subcommittee's opportunities for improvement lie in implementing the PRSI with universal screening for pregnant women and validated questions to identify SUD risk. Expanding the DFMB Program's care coordination services across the statewide network of 20 clinical sites is vital. Additionally, enhancing educational efforts surrounding Birth Score, NAS, and notification processes for pediatric providers will further support at-risk mothers and infants, leading to improved outcomes.
- The roadblocks faced by the subcommittee include challenges in understanding why some providers do not complete the PRSI. This issue arises due to the form not being embedded into electronic medical records and the existence of various EMR systems, leading to fragmentation. The workforce is strained, compounded by staff turnover, making consistent participation and delivery of educational programs difficult. Additionally, tracking and following women and their infants after hospital discharge poses further obstacles to achieving support and care continuity.

2023 Implementation Planning:

Updated Birth Score Brochure

- The birth score brochure was created by individuals in Morgantown at Project Watch and distributed among subcommittee members.
- It is being provided to parents with children having a high birth score to raise awareness about the importance of birth scores and to disseminate resources, including information about healthcare visit reimbursements through ModivCare.
- Parents receiving the brochure are informed about automatic referrals and eligibility for additional follow-up visits, presenting a valuable opportunity to promote participation in home healthcare visits.

Project Watch Video

- The webinar covers updates on NAS definition, diagnosis, and proper coding, focusing on two additional questions added to the birth score form: substance use by the mother and whether the baby experienced NAS symptoms. The webinar's content empowers nurses and staff to utilize the birth score report accurately and effectively explain the diagnosis to families.
- Staff turnover has led to only 75% accuracy in answering these questions during an audit, highlighting the need for more provider education on NAS.
- The perception of NAS solely pertaining to opiates is dismantled, as the birth score form now accurately codes for other drugs as well. Simultaneously, the policy change adds the reporting of the type of substance used, and community-based pediatric providers are notified if the baby is diagnosed with NAS or exposed to Hepatitis C.
- Dr. Maxwell encourages members to submit questions or comments about the webinar, considering its potential to become a training requirement for labor and delivery staff at hospitals.

Review of Strategies and KPIs

Goal 1

- Strategy 1, KPI 1: Currently 10% completed, Dr. Maxwell and Janine are arranging a meeting with Dr. Jim Jeffries.
- Strategy 1, KPI 3: Not addressed yet, Carly, a new staff member, will assist with research endeavors and scheduling a meeting.
- Strategy 1, KPI 4: 75% completed, The Project Watch video has been created, but has not been rolled out. Janine discussed the availability of the video at the Perinatal Summit in September and Dr. Maxwell agreed so it can be shown to provide feedback at the summit.
- Strategy 2, KPI 1 / KPI 2: Marked as 10% completed. This KPI has a new chair workgroup, Bob Hansen, on the Community Engagement Subcommittee and finding recovery housing is on their radar. Existing code that you can only refer individuals to WVARR-certified housing, with a fine of \$5000 if not complied with, and calling any state lines (211) for assistance have removed non-certified housing options. Deb will copy Bev, Kim, and Bob from the Community Engagement subcommittee to keep connected.
- Strategy 2, KPI 3: 0% completed. This KPI cannot be completed until KPI 1 and 2 under this strategy are completed.
- Strategy 2, KPI 4: 0% completed. Deb mentioned you can only perform key informant interviews with WVARR-certified.

- Strategy 2, KPI 5: 0% completed. Deb will contact Carly for support to assist Dr. Maxwell and Janine on the completion of this KPI.

Additional Business:

- Deb announced changes to the format of Town Hall Meetings this year, with four meetings scheduled for all sections of the plan. Each meeting will include eight breakout rooms corresponding to different plan sections, allowing members to choose their interests and attend. The dates are August 15th, 16th, 23rd, and 31st from 10 AM to 12 PM. Registration is available through the ODCP website or Help & Hope.
- The Town Hall Meetings will provide a brief overview of the council and its purpose, discuss the current year's plan, and conduct breakout sessions for each plan section. Facilitators will lead discussions on the selected sections, followed by a report out at the end of each session. Subcommittees will receive final reports from the Town Hall Meetings in early September to aid planning efforts for the following year.
- The Governor's Council retreat is rescheduled for August 29th, in-person. Individuals handling settlement dollars will be invited to observe and learn how these funds will support West Virginia.
- Janine mentioned the upcoming Perinatal Summit on September 7th and 8th, featuring presentations on medical marijuana, domestic violence, and substance use coercion. On September 6th, there will be a substance use in pregnancy committee meeting from 1 to 3 pm.
- Dr. Maxwell highlighted the Annual Appalachia Addiction and Prescription Drug Abuse Conference in Morgantown, taking place from October 5th to 7th.

Adjournment:

Dr. Stefan Maxwell closed the meeting by thanking all subcommittee members for their attendance. The subcommittee will meet again on Tuesday, September 19th at 10 AM.