

Meeting Minutes

Pregnant and Parenting Women

Subcommittee of the Governor's Council on

Substance Abuse Prevention and Treatment

January 31, 2024, Approved

Attendees:

Janine Breyel, Rebecca Crowder, Amna Haque, Sharon Hill, Stefan Maxwell (chair), Cody Smith, Amy Tolliver, Randy Venable, Sarah Young

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 Wednesday, January 31, 2024 and was conducted by Zoom conference. A quorum was not present to approve October, November, and December meeting minutes, and they were tabled for the next subcommittee meeting. The purpose of the meeting was to review 2023 Quarter 4 KPI progress and identify state agency partners for the 2024 State Plan.

Agenda:

PRSI Discussion (Sharon Hill, OMCFH)

- Sharon Hill, as the Division Director of the Epidemiological Evaluation Group at OMCFH, oversees the PRSI form, which gathers initial prenatal visit information from pregnant women. The current form is inadequate, highlighting a need for a more practical and timely method to collect data and identify expectant mothers at higher risk of adverse pregnancy outcomes.
- During last year's perinatal summit, there was discussion about conducting a regression analysis using vital records to identify predictors of preterm births, alongside a call for simplifying the PRSI form.
- Sharon presented the PRSI form, which, despite containing extensive information, was deemed by providers to be more efficiently handled with just 6-7 key variables. The group also explored less manual reporting methods. E-PRSI submissions, introduced in April 2022, have not been widely adopted due to their inability to significantly reduce reporting burden.
- In the past three years, approximately 8,000 PRSI forms have been collected, representing about 50% of births in West Virginia.
- Sharon plans to use a dataset from vital statistics to conduct regression analysis on variables chosen by the advisory committee, including potential data matching with the board of pharmacy. The results will be presented to the maternal screening advisory in spring, followed by further analyses and the initiation of PRSI revisions for summer approval.
- The subcommittee members considered allowing women to electronically complete these forms at their appointment's start but faced challenges related to office capacity and sensitive questions about SUD.
- Dr. Maxwell suggested a survey for providers regarding PRSI use, barriers to completion, and other relevant aspects. Sharon acknowledged the need for this survey, emphasizing the importance of including questions about reporting mechanisms to simplify the process. This topic will be added to the February agenda for the maternal screening advisory council.

2023 Q4 KPI Progress

Goal 1

- Strategy 1, KPI 1: Successfully achieved 100% completion, confirming the establishment of baseline practices for completing screening and metrics.
- Strategy 1, KPI 2: Documentation of ongoing mandated screening efforts is slated for the upcoming year's plan and is currently at 25% completion as of Quarter 4.
- Strategy 1, KPI 3: Marked as 50% completed. Carly disseminated an issue brief on the incidence of infants exposed to alcohol during pregnancy. This material serves as a valuable resource for provider education. Amy highlighted a similar education piece on marijuana developed by the perinatal partnership (<https://wvperinatal.org/initiatives/substance-use-during-pregnancy/>) as a potential example for future initiatives.
- Strategy 1, KPI 4: Accomplished 100% completion with the creation and distribution of the video to offices.
- Strategy 2, KPI 1: Achieved 50% completion, with plans to discuss further recovery housing certification advancement with Deb Koester and Bob Hansen in the upcoming year to formulate recommendations.
- Strategy 2, KPI 4: Recorded 0% completion. Rebecca raised questions about identifying residential treatment allowing children to stay with women during treatment. Carly will contact Deb to clarify whether 'residential housing' was intended instead and to address other notes related to these KPIs.
- Strategy 2, KPI 5: Reached 90% completion. Carly will send out Town Hall Meeting reports to subcommittee members to compile a written report on methamphetamine and polysubstance use exposure. Additionally, members will collaborate on crafting goals and strategies for 2024.

Adjournment:

Dr. Stefan Maxwell closed the meeting by thanking all subcommittee members for their attendance. The subcommittee will meet again on Wednesday February 28th at 10 am.