

# **Meeting Minutes**

## **Treatment, Health Systems, and Research Subcommittee of the Governor's Council on Substance Abuse Prevention and Treatment**

### **Tuesday September 24, 2024, Approved**

#### **Attendees:**

Subcommittee Members: Dr. James Becker (co-chair), Dr. Michael Kilkenny (co-chair), Dr. Garrett Moran, Hallie Morgan, and Rebecca Roth

ODCP Staff: Jostin Holmes, Jessica Smith

Marshall University Staff: Deb Koester, Bradley McCoy

#### **Opening:**

Dr. James Becker (co-chair) provided welcome and opening remarks of this meeting of the Governor's Council on Substance Abuse Prevention and Treatment, Treatment, Health Systems, and Research Subcommittee. The meeting was called to order on Tuesday September 24, 2024, and was conducted by Zoom conference. A quorum was present to approve the March meeting minutes. Dr. Michael Kilkenny made a motion to approve the minutes which was seconded by Dr. Garrett Moran. There was no further discussion, and the minutes were approved with all in favor, and none opposed. The purpose of the meeting was to reprise regular meetings of the Treatment, Health Systems, and Research Subcommittee and conduct planning for the next plan year.

#### **Agenda:**

##### **Review of Town Hall Meeting Report**

- Bradley McCoy provided an overview of the Town Hall Meetings and the Town Hall Meeting Summary Report. Themes from the document were discussed at length. The availability of buprenorphine injectables (Sublocade) is a national issue. Medication supplies at rural pharmacies has been a consistent issue as well as the closing of pharmacies. There is a SAMHSA group that meets to address this issue. Transportation is still a significant issue, but hopefully by December the work of the Transportation and Employment Workgroup will identify policies and strategies that this group can review. Use of phone-based apps to compliment, not replace, therapy like the VA uses would be helpful for telehealth. Examples include the Dynamicare app that was successful but did not go anywhere and the Chess app used for recovery that has positive reviews. Another theme identified was the need for family and multigenerational care in the treatment/recovery residence continuum.

##### **Revisions to 2024 Plan**

- Previous plans included sections dedicated to QRTs.
- 2024 Plan edits were made in March 2024, but have not been further advanced since that meeting.

- Goal 1:
  - Goal 1, Strategy 1, KPI 1: ODCP data collection is continuing. Jostin Holmes is talking to the new ODCP Director, Dr. Stephen Loyd, about this next week.
  - There is a concern for patients getting lost in the continuum of care from treatment to recovery residences because they cannot get into a quality residence.
  - Goal 1 is likely the correct priority, but the strategies are difficult to implement.
  - Goal 1, Strategy 1, KPI 4 addresses managed care organizations (MCOs) which is good, but they do not always reach or affect provider level of care.
  - The plan should include apps when talking about telehealth.
  - The group considered how to inform providers about existing apps and how to notify them if a patient is using the app. BBH and MCOs facilitate the use of these apps currently.
  - The group discussed a strategy under Goal 1 about ODCP developing a centrally located, shared toolkit of apps and other tools used to reduce overdoses and support individuals in treatment/recovery.
  - Social determinants of health are addressed by the Pennsylvania Center of Excellence mode, but the group was unsure if Medicaid was still working to implement that.
  - The group could talk to representatives from Virginia about restructuring payment strategies.
  - Keith King is the best resource for Medicaid information on what CMS has approved.
- Goal 2:
  - DHHR initiatives with community health centers have taken the lead to improve access to testing/treatment and helping it move from specialized care to primary care.
  - Cabell County has made progress with HIV, but moving Hepatitis C testing/treatment to primary care would be a huge accomplishment for prevention.
  - HIV specialty pharmacies/centers are not successful with this population.
  - Harm reduction is difficult to rely on in West Virginia.
  - There needs to be an increased emphasis on STDs integrated into the existing plan.
- Goal 3:
  - Add in collaboration with counselors.
  - West Virginia has the lowest salaries for SUD workers in the nation which makes employee retention difficult.

### Other Business

- Previous data shows that West Virginia had a 7% decrease in overdoses, which is a reduction but still lags behind other states/national data. Jostin Holmes shared the link to the DHHR news announcement that there has been a 28% decrease in overdose deaths, with the lowest possible percentage being a 17% decrease with error. <https://dhhr.wv.gov/News/2024/Pages/West-Virginia-Department-of-Human-Services-Reports-Significant-Reduction-in-Overdose-Fatalities.aspx>
- There has been an increased use in stimulants which has created a cocaine/meth/fentanyl continuum of substance use.
- Dr. Garrett Moran shared a topic brief from the Agency for Healthcare Research and Quality on the usefulness of apps. <https://integrationacademy.ahrq.gov/products/topic-briefs/behavioral-health-apps>
- There should be more focus on trauma-informed care and mental health for SUD with a promotion to integrate these into screenings.

**Next Steps**

- Bradley McCoy will complete the meeting minutes. Dr. Deb Koester will synthesize their notes to provide an edited and a clean copy draft of the 2024 Plan.
- Bradley McCoy will reach out to check availability and set up a Treatment Subcommittee meeting in October. He will coordinate with ODCP to check Dr. Stephen Loyd's October availability to attend the meeting. The group would also like to invite Jonathan Board from the First Foundation to a future meeting.

**Adjournment:**

Dr. Becker closed the meeting by thanking all subcommittee members for their attendance. The subcommittee will meet again in October.