

# Meeting Minutes

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

### *March 11, 2024, Approved*

#### **Attendees:**

James Becker (co-chair), James Berry, Jorge Cortina, Keith King, Deb Koester, Rebecca Roth, Rachel Thaxton

#### **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 Monday, March 11, 2024 and was conducted by Zoom conference. A quorum was not present to approve February meeting minutes, and they were tabled for the next meeting. The purpose of the meeting was to revise the Treatment, Health Systems, and Research section of the 2024 State Plan.

#### **Agenda:**

##### **Review of Data**

- SUD treatment requires a 90-day program with an additional 30 days of medication upon release, contingent upon obtaining mental and psychiatric health referrals for discharge. Efforts are made to enroll individuals in Medicaid prior to release, facilitated by prison kiosks, though challenges have emerged. Notably, some judges and probation officers oppose MAT.
- Supportive housing for SUD patients includes a one-off \$5k benefit, with its structure still in planning. Considerations include health-related support, social needs, food, rent, and down payments.
- Contingency management alongside HIV/Hep C services faced initial CMS rejection, but recently, QRTs were approved for a five-year demonstration limited to specific groups, requiring certain certifications and follow-up. PRSS roles are being expanded into FQHCs, DFMB programs, and EDs, with Extended Residential 3.7 allowing longer stays for those with medical complexities.
- Identified service gaps not yet approved highlight the necessity of utilizing opioid settlement funds, especially advocating for contingency management for stimulant users by allocating settlement funds for this purpose.
- Patients have shown positive responses to incentive strategies, such as travel reimbursements for Dr. Becker's methamphetamine treatment participants, with settlement funds covering costs not met by Medicaid.
- Discussions around nicotine replacement therapies and harm reduction strategies aim to enhance post-release environments.
- Initiatives are in place to begin reimbursing for recovery housing at WVARR level 4, a level currently nonexistent in the state. The state houses 1,713 treatment beds, with 32 providers across 17 counties, including one in Ohio, and 1,611 WVARR-certified recovery beds spread over 20 counties.
- It's observed that while 50% of people needing treatment receive it, the other half do not. This

assessment is based on the use of suboxone and the 1115 waiver, including methadone, to estimate the number of individuals at risk and needing treatment.

- Since 2020, the number of treatment beds has remained stable, with ongoing efforts to inform about treatment availability. Challenges include changing follow-up patterns in facilities like PROACT, affecting revenue due to patients stabilizing and spacing out appointments.
- Recent data and trends on the substance use epidemic were reviewed:
  - The COVID pandemic's role in increasing overdose deaths through isolation and treatment inaccessibility. A decline in overdoses was noted in 2022, with hopeful projections for 2023. Fentanyl and methamphetamines are the most common overdose contributors, with rising concerns over xylazine and cocaine, and a noted disappearance of heroin-related overdoses. Kanawha and Cabell counties report the highest overdose deaths in 2023.
  - Updates on law enforcement and community responses include the LEAD Program's expansion, the angel initiative beginning March 2023, the Police and Peers Programs in select counties for harm reduction and naloxone distribution, and visits to police academies for training on SUD, naloxone, and emotional intelligence, among other topics. Currently, 35 QRTs cover 39 counties.
  - The Governor's Council's next steps involve publishing and approving the 2024 strategic plan, engaging the recovery residence task force, overdose prevention, collaboration with jobs and hope initiatives, public education to decrease stigma, expanding ED and hospital engagement for SUD treatment, and strengthening relationships with law enforcement and corrections.
- Dr. Becker highlights a partnership with a company to place PRSSs in steel mills, serving both operational and support roles for employees with SUD.

### **Review of Goals and Strategies**

- Addressing both SUD and mental/behavioral health disorders with a comprehensive care approach, enhancing transitional care levels to prevent ED visits, and empowering primary care clinicians to address addiction.
- Training under a Medicaid waiver for physicians to prescribe SUD medications, examining prescription issuance and pharmacy fill rates, and addressing the barrier of lacking an ID for medication receipt, specifically for buprenorphine.

#### **Goal 1**

- Strategy 1: The treatment subcommittee recognizes the value of integrated service delivery, suggesting statewide service status assessments to inform policy, with a preference for "integrated care" terminology over "co-location".
- Strategy 1, KPI 1: Inquiry into the subcommittee's ability to request Medicaid and MCO reports, with a suggestion to engage ODCP and its associated agencies (BBH/BPH) to compile historical data over three years to identify service integration.
- Proposing a survey among primary care physicians and law enforcement partners to identify treatment barriers, aiming to explore the most effective care avenues through structured KPIs, which will be refined and redistributed.
- Initiating drug testing prior to use for harm reduction, partnering with pharmacy schools/labs, with a specific lab in Chicago performing such services.

#### **Goal 2**

- Strategy 1, KPI 1: The current phrasing is acceptable. BPH has recently been very active in this area, notably with their HIV/Hepatitis Elimination Conference. They already possess supportive data for their initiatives, eliminating the need for a new survey; the task is merely to share this information. Although communication with BPH has been challenging, Rachel plans to contact Dr. Christiansen for assistance.
- Strategy 1, KPI 2: The necessary data is available with BPH.
- Strategy 1, KPI 3: Remove references to "Medicaid" and broaden the survey to include a wider range of primary care providers. There's significant dialogue concerning PrEP within academic medical institutions. It's important to confirm Hepatitis C diagnosis and fibrosis assessment in patients, which won't impact their treatment eligibility. The previous requirement for a

sobriety period before treatment is no longer in place.

- Strategy 1, KPI 5: Utilize the acquired insights to formulate recommendations.

### Goal 3

- Eliminate all existing strategies and KPIs for this objective and devise new ones.
- Highlighted the role of PRSSs and community health workers, along with funding directed towards universities to expand the healthcare workforce, which is in line with the state's aim to augment the number of healthcare professionals. Introducing intermediate-level training programs could be beneficial. The workforce dashboard maintained by the ODCP might serve as an initial reference point.
- Amy Saunders, who chairs the prevention subcommittee and serves as the director of the center for excellence in addiction focused on the workforce, suggests collaborating with the prevention subcommittee to enhance workforce development.
- Suggest revisiting the plan from 2020-2022 to reinforce this objective and reintegrate the KPIs that were previously established.

### Other Business

- Deb and Dr. Becker will update and refine the section on treatment, health systems, and research in the State Plan for presentation and approval at the May meeting of the Governor's Council.

### **Adjournment:**

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