Thursday, August 28, 2014

Council Members Attending:  
Karen Bowling, WV Dept of Health & Human Resources  
Mark Drennan, WV Behavioral Healthcare Providers  
Russell Fry, WorkForce West Virginia  
Dr. Brad Hall, WV Medical Professionals Health Program  
Randy Housh, WV Association of Alcoholism & Drug Abuse Counselors, Inc.  
Vicki Jones, WVDHHR Bureau for Behavioral Health & Health Facilities  
Dr. Stefan Maxwell, Neonatal Intensive Care Unit, CAMC  
Dr. Ernest Miller, Jr., Board of Osteopathy  
Rev. James Patterson, Partnership of African-American Churches  
Russ Taylor, HealthWays, Inc.- Dr. Lee Jones Miracles Happen Center  
Letitia Tierney, WVDHHR Bureau for Public Health

Additional Attendees:  
Sylvia Fields, OHFLC  
Michael Goff, WV Board of Pharmacy  
Alyssa Keedy, Governor’s Office  
Rebecca King, WV Dept of Education  
Jolynn Marra, Office of Inspector General  
Jim Matney, WVDHHR Bureau for Behavioral Health & Health Facilities  
Trish McKay  
Larry Messina, DMAPS  
Jay Otto, Center for Health and Safety Culture, Montana State University  
Kathy Paxton, WVDHHR Bureau for Behavioral Health and Health Facilities  
David Potters, WV Board of Pharmacy  
April Robertson, Office of Inspector General  
Laurie Thompsen, WV Coalition Against Domestic Violence  
Gary Thompson, WVHHR Bureau for Public Health  
Martha Minter, Community Access, Inc.  
Jenny Lancaster, Terzetto Creative, LLC

Welcome, Introductions, Agenda Overview

Vickie Jones, Chair, Governor’s Advisory Council on Substance Abuse  
Karen Bowling, Secretary, WV Department of Health and Human Resources

• GACSA Chair Vickie Jones opened the meeting and participants introduced themselves.  
• Secretary Karen Bowling – thank participants for attending; acknowledged the work of the council  
• WVDHHR’s goal is to expand on the work of the council  
• Governor has a significant interest in the issue of substance abuse  
• WVDHHR initiatives are connected to GACSA related to children and families and child welfare system  
• Strong connection between what we see w/ children and families and substance abuse issues  
• Can’t compartmentalize it to one issue; need to look as the system as a whole  
• Troubling statistics re: substance abuse and child welfare  
• Participating in the Three Branch Institute - sponsored by National Governor’s Association; National Conference of State Legislatures and Casey Family Foundation  
• Initiative looking at the social/emotional wellbeing of foster children  
• Have been able to identify challenges and take action; connects to GACSA recommendations
• Focusing on how we can hold everyone accountable for outcomes – make changes, looking at data, make sure programs in place are effective
• Focusing on ensuring all children entering foster care system are screened for physical, mental and behavioral health issues
• Begin to inventory of behavioral health services in the state and gaps
• How do we identify children and their issues and work with child and family - if we treat the child but put them back in the same family situation where there is substance abuse then child is back in the system
• Trying to build capacity for behavioral health services for children – including traditional behavioral health as well as substance abuse services for youth (up to 21 years of age) and their families
• Reviewing policies – how we deal with custody issues; how to provide wrap around services in the community, and substance abuse treatment for families and how we identify that
• Trying to get a waiver from federal government; child welfare system is funded through CORE E funding which provides funds for children in out of home placement; we want to pay for treatment in home; seeking a waiver – to begin to pay for more family therapy; wrap around services in the home; goal is to treat family rather than just the child; will know in October 2014 whether we get the waiver
• Also looking at integrating funding sources from bureau to bureau (BMS, Medicaid, BCF, BHHF); other states plan in a more comprehensive way
• Looking at amount of psychotropic meds that children are on in the state; WV is 3 times the national average; looking at methodology to make sure that is the appropriate treatment for those children
• Increase collaboration with other agencies involved with children
• Looking at a preventative approach to reduce neonatal abstinence syndrome; we had no way to track from a public health perspective the number of NAS infants; Bureau of Public Health developed web based reporting system to track NAS infants
• Reporting began January 1, 2014 – 2.1% of babies born in the first quarter have NAS
• Beginning January 1, 2014 – WV certificate of live births – so statistics are appropriate
• In process of surveying – gather data from pregnant and postpartum women to see what their barriers are for seeking SA treatment
• Developed pilot program – 5 locations – different types of treatment being provided to pregnant women; year-long grant then will analyze the results; share results through WV Perinatal Partnership; share with other providers throughout the state.
• A lot of opportunities to work with GACSA
  Discussion
• Question re: NAS – roughly 50% of births are unplanned – would think that percentage is higher re: NAS; are we targeting child-bearing population re: prevention?
• Trying to understand the population – goal of NAS survey/pilot is to identify barriers and the whys
• Maybe use prevention money on this (w/ recommendation)
• Question – are you able to collect data re: people who seek services across borders?
• We can only access WV data, but will have Medicaid data
• Legislature has asked how many children are removed from the home because of substance abuse – could not answer that questions because the assessment tool didn’t identify SA as a reason; July 15 that was added to the screening assessment; next year will be able to give statistics re: removal of child due to SA as it relates to child abuse and neglect.

GACSA Meeting Minutes/Conference Call Notes; Next Meeting
• GACSA Members reviewed prior meeting minutes and conference call notes:
  o GACSA Meeting Notes 11.06.13
  o GACSA Conf Call Notes 04.15.14
  o GACSA Conf Call Notes 05.22.14
Vicki – asked for questions or corrections; suggestion to add date to notes for consistency (in addition to header)

Motion to approve all minutes – Russell Fry; second – Ernest Miller, all approved minutes

Next meeting – will provide an update for all initiative this council has recommended

Many initiatives are still on the table, others have been approved and moved forward; implementation info will be provided; so you know what has been recommended, what has been implemented and moved forward and what has not.

Echo comments re: importance of council – instrumental in developing the infrastructure and legislation and has moved this state forward in developing/restoring hope for those that misuse substances; believe that continuing this work will move WV further; need to plan – strategically developing initiatives that will make a difference 10/20 years from now; also required to look at making changes today; monitoring different programs that are going on; make certain that we are developing strategies from a statewide perspective

Juvenile Justice was a committee formed to focus on preventing children from entering the criminal justice system; will be receiving updates today on many initiatives

Governor Tomblin is excited about the work we do, the importance of what we do; this is the group that presents recommendations to the Governor and Legislature that are implemented

Next meeting is scheduled for November 5, 2014 – will send out meeting notice so folks can mark their calendars

Initiative – Call Line

- In the past this group has recommended a call line
- DHHR has funding that can be combined with the substance abuse block grant to implement a call line [with recommendation from the GACSA]
- Will allow folks to navigate services and crisis line – statewide
- Motion to make recommendation to implement a call line – Russell Fry; second – Letitia Tierney; all approved
- Suggestion to develop a mobile app to navigate the system
- Will this also be a helpline? Depends on why you’re calling – can get a referral or crisis line
- Will be keeping statistics

Community Norms Presentation | Update on WV Partnerships for Success Prevention Funding
Jay Otto, Research Scientist, Manager, Center for Health and Safety Culture, Montana State University

- Slides available online – www.wysubstancefree.org
- Map of projects all over the country
- Community based research not lab research
- Cover 2 ideas:
  - Survey with Governor’s Substance Abuse Regional Task Forces – results
  - Update on the Strategic Prevention Framework Partnerships for Success Project
- RTF Participation Survey
  - Beliefs about the RTFs themselves
  - Perceived use and trends
  - Beliefs about Prevention, Intervention, and Treatment
- Most RTF participants believe reducing substance abuse in WV is extremely important
- They also believe other think it is important, but not necessarily to the same degree
- Most RTF participants believe substance abuse can be reduced
- Most RTF participants agree the Regional Task Forces have made significant contributions
- Most RTF participants have been engaged and are likely to stay engaged in RTF activities.
- Perceived use and trends data discussed
Beliefs about prevention, intervention, and treatment discussed
Complete results available online at www.wvsubstancefree.org under Resources
Partnerships for Success Grant – 5 year project, 2 counties in each region, focusing on underage drinking and prescription drug abuse
Purpose to develop effective prevention strategies and build sustainable prevention infrastructure
Solutions are in the community
Understand gaps before you create message – don’t tell people what they already know; do the research and focus on the gaps

Discussion

Where does GACSA fit? – Access to audiences (use influence to open doors); opportunity to talk to physicians, licensed health care workers, dept. of ed., etc. (Rebecca King - connect with coordinator of Policy 4373)
Jay Otto – can support GACSA member communications
Employers are under the impression that everyone is on some type of drug because of media coverage; those in WorkForce WV – 98% pass drug test; story is trumping the data
What kind of initiative are we looking at that will impact the media so they will consistently change their culture?
Today - news is a product to be sold
In small towns you have that opportunity with local media
Can work newspapers/publishers to shift and do that; get people who are in front of cameras to change their language – put incident in the context.
News by definition reports non-norms
DHHR focus so much on data is so we can have a voice that shares positives, change norms

SB437 Implementation Updates

Pharmacy Board

Mike Goff – Board of Pharmacy

- Slides available online – www.wvsubstancefree.org
- Controlled substance monitoring program administrator
- CSMP [Controlled Substance Monitoring Program] is the database that collects prescription data dispensed in WV – accessible by law enforcement under certain investigations; primarily accessed by pharmacists and physicians to view prescription history
- Doctor, pharmacy, patient info is entered
- Statute requires pharmacies to have access and prescribers who prescribe controlled substances
- Also accessed by Chief Medical Examiner’s Office and Licensing Board
- Recently upgraded system 1995 version to ASAP 4.2 Format
- Able to share data with other states
- Prescribers are able to generate their own prescription reports
- Method of payment was added to system per SB 437
- Available reports: multiple prescriber, top prescribers, user activity, top products dispenses, patient age
- Number 1 dispensed is Hydrocodone – moved to schedule 3
- Legislation passed that only allows 30 day supply with 2 refills
- WV is similar to other states re: prescription types dispenses
- Number of Hydrocodone/Acetaminophen doses dispensed in August – 4.6M
- Buprenorphine products are being more prescribed
- Advisory Committee (created by SB 437) – doctors, dentists, pharmacists, etc. tasked with trying to prevent diversion; had several meetings
- Recommended legislation/rules for users/prescribers; suggest educational methods; set parameters to identify outliers
Working on rules to access database – issue of person who has contacted physician but is not yet a patient; in other states that’s a felony
Many folks are not even registered on the system – let alone accessing the system before prescribing
Advisory Committee has requested info re: top dispensers, top drugs dispensed, distances traveled by patients
Database Review Committee (also created by SB 437) also includes prosecuting attorneys; review database for top prescribers; can refer to licensing board; looking into deaths/top prescribers
Example – person who has seen 34 prescribers who have prescribed controlled substance in a year
Law enforcement – receive info on patients at top of multi-prescriber list
2,795 letters sent to doctors who saw patients who had seen 12 or more doctors in a year; encourage them to look at monitoring program before writing a prescription
Example – doctor who has prescribed more than WVU hospital
Errors can be corrected online
PMPi – sharing database – OH, KY, VA, CT, IN, AZ, NV, KS, NM
Question – is there going to be a publishing of physicians and their prescribing practices – not currently planned
Trying to encourage more prescribers to use the program
If a WV resident dies in WV but are receiving scripts in OH, - they have ways to access that info but not through monitoring program.
Question – can public view information about prescribing docs – no

OHFLAC / Chronic Pain Management Clinic
Jolynn Marra, Director OHFLAC
April Robertson, General Counsel, Office of Inspector General
Sylvia Fields, Program Manager, Chronic Pain Management Clinic
Slides available online – www.wvsubstancefree.org
History – 2012 WV Code 155H-1, et seq. requires all pain management clinics to be licensed and regulated by OHFLAC
2013 – Legislative Rule 69CSR8 promulgated
2014 – Funding appropriated; rule effective July 1st
Planning – weekly meetings re: implementation; hired staff; letters/educational info to potential providers; timelines developed; collaborations; internal surveys based on regulations
Chronic Pain Management Clinic – defined per statute (if more than 50% of unique patient encounters are treated for chronic pain in a month)
Handouts developed for all audiences; website updated to include chronic pain management clinic https://ohflac.wv.gov
Received 8 applications and 2 other physicians; evaluating applications; review exemptions
Aware of 6 clinics that are quiet on the matter; 52 providers who have not from
Two surveys have been completed; processing applications and looking at number of complaints received; looking at potential issues that may need addressed legislatively
Continuing partnerships

WV Medication Assisted Treatment
James Matney, State Opioid Treatment Authority
Slides available online – www.wvsubstancefree.org
WV Medication Assisted Treatment Sites map – one located in each region; 7 are privately owned; 2 independently owned sites
Approved medications – Methadone, Buprenorphine, Vivatrol
Physicians required to obtain waiver to prescribe Buprenorphine
• 179 physicians in WV have received waiver; 16 clinic sites
• Oversight – National – SAMSHA; WV – DHHR; OTPs must be accredited
• BBHHF – State Opioid Treatment Authority – serves as liaison with Federal gov’t and national professional organizations; reports to state gov’t agencies; responsible for approving/disapproving exceptions to take home schedule; waiver process; liaison with OHFLAC/Medicaid; make recommendations for legislative changes
• Take home allowances reviewed
• State Oversight Committee
• Moratorium on new OTPs in WV since 2007
• Medicaid does not pay for Methadone, but does pay for Buprenorphine and Vivatrol
• Question – SB 437 made Buprenorphine only available in strips, now allow pills again; member recommend we go back to strips.
• Film strips under patent; cannot “cheek” a film strip, but can divert pills; Board of Pharmacy – film strips can be diverted as well; new drug Zubsolv
• Question/comment – pregnant women on methadone don’t pay for it and clinics do not wean pregnant women; after pregnancy women are charged for methadone – encourages them to get pregnant again; also private physicians are able to prescribe Subutex, not methadone. Trying to identify pregnant women and wean them so baby isn’t affected from NAS; can’t happen if pregnant woman goes to methadone clinic; women can be weaned in private practice.
• Comment – clinics do not have any restriction on how long they prescribe
• Karen Bowling – will look into billing issue re: pregnancy/not pregnant

State Medical Association
Dr. Brad Hall, WV Medical Professionals Health Program
• Slides available online – [www.wvsubstancefree.org](http://www.wvsubstancefree.org)
• In last year or two with online CME – educated 1,700 individuals
• 2 conferences (grant from DHHR/BBHHF) – over 400 attendees
• Conference flyer shared
• Meets multi-board required CEs
• Health care professionals – educational pyramid – educational component at top and bottom – need to figure out how to educate them beyond just meeting CE requirements
• 10 sponsorships this year for early career physicians (students/residents)
• Talks at medical schools – second year classes about addiction
• Goal is to continue the conference over the years to keep on that message

WV Medical Examiner’s Office
Gary Thompson, State Registrar of Vital Statistics, WVDHHR Bureau for Public Health
• Slides available online – [www.wvsubstancefree.org](http://www.wvsubstancefree.org)
• Presentation on drug overdose death statistics
• Most drug overdose deaths involve multiple substances (polypharmacy)
• 2011 – WV had highest overdose death rate – 36.2 deaths per 100,000 (US rate 13.2)
• From 2001 – 2011 drug overdose deaths increased (almost all accidental)
• More male than female deaths but trends are similar
• By age group: 0-19 age group – numbers are almost equal / 60+ more females than males
• Southern WV is most heavily impacted
• WV drug overdose deaths by drug (see charts) – Alprazolam, Oxycodone, Hydrocodone, etc.
• Prescription drugs – spike in Oxymorphone in 2011
• Non-Opiate pharmaceuticals – Alprazolam, Diazepam
• Opiates/Benzos – trend together
• Illicit drugs – spike in deaths due to heroin in 2013
Discussion: SB 437 Implementation Updates

50 States Meeting – Kathy Paxton

Goal: Advance policies and practices to prevent opioid-related overdoses

- Request every Governor to send teams of 3
- Understand “big picture” and State need
- Sessions: Epidemic and Evidence Based Prevention & Interventions, Medicated Assisted Treatment and Naloxone Access, Healthcare Provider Education & Accountability, Increasing Access and Use of PDMP’s

WV Draft Plan

1. Develop consistent clinical standards for medication assisted treatment with physician oversight
2. Increase number of physicians and residents trained in best prescribing practices including usefulness of PDMP
3. Increase the number and dissemination of unsolicited PDMP reports to inform planning, practice and oversight
4. Develop community crisis response protocols including screening and referral processes to bridge continuity of services

Discussion:

- Would be good to have a pain addiction specialist on GACSA
- Need consistent guidelines; need to strive to partner more with other entities
- Issue of Suboxone film vs tablet – different than the original recommendation/legislation (cost of strips vs tabs and related costs to system – cost benefit analysis)
- Dr. Becker would be a good addition to GACSA
- Issue of Zohydro – what is the utilization? Very few are prescribing

WV Addictions Conference – Dr. Brad Hall

- October 23-25, 2014 at Embassy Suites in Charleston, WV
- GACSA members should try to attend

Justice Reinvestment Update – DMAPS

- Ongoing phase in of community based treatment services
- Ongoing effort to link information sharing
- Governor announced initial grants to providers around the state – 7 counties involved in initial pilot
- $1.26 million in total grants
- DJCS – approached on whether the money is appropriate for buying buildings/constructions/renovations
- Guidance – goal is to spend as much money on direct services; assess capital on case by case basis
- DJCS – reviewing applicants for a second round of grants – Phase 2 applications due Aug. 27
- Careful to identify counties where we have the greatest chance of success
• In terms of information sharing – issue – different components of justice system – use different services
• By Oct. 6 – day report centers to begin using offender case management system
• By November – DJS, Div of Corrections – use new info sharing system across DMAPS agencies
• Looking to bridge 2 info systems
• Long term goal – expand information that 2 systems collect and share

T-Center – *Rebecca King, WV Dept. of Education*

• Kanawha County board has donated land across from Capital High School for T-Center
• Will send out more specifics as information becomes available

Regional Task Forces: Strategic Plan Implementation

*Kathy Paxton, WVDHHR Bureau for Behavioral Health and Health Facilities*

• 78 regional task force meetings to date
• 2 types of surveys have been completed during work group meetings – round 12 and 13
• Round 12 – Survey on how participants think the Strategic Plan is being implemented
• Gave the work group the specific strategic plan goal and examples then asked group to rate implementation
• Many folks have attended all 13 rounds and have a different perception than those who are new to the task forces – perception/reality discussions
• In all regions there is a perception that every goal has been partially implemented
• In all regions there is a perception that there is more work to do to fully implement the plan at the local and state level
• In all regions there is agreement that increased awareness is essential
• Preliminary Recommendations:
  o Increase outreach and education strategies for physicians
  o Address laws that prevent individuals in recovery from obtaining positions as part of the workforce
  o Increased awareness regarding treatment availability and navigation
  o Real-time usable data needed and shared (Schools, Law Enforcement, Prevalence, Deaths)
  o Expand SBIRT and ability to pay for it
  o Reimbursement for Peer Support Services
  o Higher reimbursement for clinical services
  o Expansion of Drug-free work place initiatives
  o Improved communication between law enforcement and treatment community (CIT)
  o More promotion of successes
  o K-12 Prevention Education required (EBP’s)
  o Alcohol tax to be put back into the system
  o Expand telehealth opportunities
  o Transportation continues to be a barrier to services

Discussion

• Challenges are with the employers; federally mandated regulations; Private industry/employers – challenges re: strict regulations/guidelines
• Example of 18 y/o who messes up then is a felon until he dies; has to check “felon” on employment applications; workforce is shrinking/not growing
• Example of person who loses license, then there are tons of fines/penalties/interest; need transportation to job to pay those fines
• Russell Fry met w/ Rubenstein and Joe Garcia – difficult for elected officials to propose reducing those types of penalties
• Propose we again make the recommendation [re: fine forgiveness]
• Secretary Bowling – recommendation may be too broad, may need to narrow focus (baby step); what is this next baby step that is likely to get through without creating headlines
• Second chance that doesn’t interfere with federal regulations
• Russell Fry - working w/ dept of corrections / part of what the senate bill is getting them back to work; need to look at other states that have done something
• Stefan Maxwell - There is precedent for that globally – re: Pay for Success/Social Impact Bond – reduce recidivism rates – they reduced the rate by putting people in to back to work programs
• Vickie Jones – initial recommendations in 2011-2012 were focused on infrastructure/need to build things (treatment centers); following year – focus on legislation, things to go along with infrastructure; now – not as much focus on building something new (a bed is not the only service); in November – we will develop/formalize recommendations to Governor Tomblin and Legislature; take into consideration – need to focus on – need to be effective and fiscally responsible; realignment of funding sources/collaboration.

Recommendations:
• Overdose Antidote Kits (Naloxone) – no reason everyone shouldn’t have access to it; training on how to use the kit would also alert people to certain symptoms
• Related bill passed Senate/House but died in House Judiciary; (a lot of amendments were put on it)
• Have asked other states what they are doing on this; some states do a duplicate prescription for family members; another state has made it over the counter (50 States Meeting)
• May need to educate House Judiciary
• 2 pieces of legislation – one is naloxone; two is not prosecuting if they call
• Felony Expungement – Felony charge issue - needs to be a path for felony expungement for nonviolent crimes related to addictions; need to be able to get a job; peer support specialist (licensure); suggestion to take 3-4 felonies that people might be open to expungement (can’t be big/broad)
• Clinical advisory panel – needs to be put together (not politically appointed); clinicians; some consortiums already exist – Perinatal Partnership
• Starting point – Dr. Becker / Medicaid Director – would be good resource
• Data or research available – example of 5 kids w/ tracheotomies/seizures/autism spectrum; anecdotal – parents were abusers; high acuity needs – think it’s related to substance abuse; is there date?
• No data to suggest that opioids cause brain damage; alcohol and nicotine do cause brain damage; environmental situations may play a factor

Regional Task Forces are scheduled for the second week of October 2014
GACSA Meeting scheduled for November 5, 2014

Evaluations and Checkout

Members were asked to complete an evaluation of the meeting by listing the aspects of the meeting they liked in the + column and the aspects of the meeting that they thought needed change in the Δ column.

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<td>Good info</td>
<td>Can we get the slides emailed?</td>
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<td>Updates were very helpful</td>
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<td>Data were great</td>
<td>Need more members present</td>
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<td>Time awareness – on schedule</td>
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<td>Good presenter</td>
<td>Send out advance materials in time for reading</td>
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<td>Food good</td>
<td>“Starbucks“ LOL</td>
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<td>Good discussion</td>
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<td>Good presentations</td>
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<td>Presentation re: cultural change and emphasis on (+) social norms in process; addictions/substance abuse</td>
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<td>Encourage participation and perception of GACSA effectiveness</td>
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<td>Great food</td>
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<td>I thought this meeting was extremely educational – excellent presentations – good updates – thank you</td>
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Adjourn