



Substance Abuse Task Force Meeting

ROUND 17
October 2015



Welcome & Agenda Overview

- Introductions
- Current Capacity & System Improvements
- Determining Regional Needs-Small Groups
- Selecting Regional Priorities-Large Group

Current Capacity & System Improvements

- GACSA & RTF's
- Service Expansion
- Policy Changes
- Needs Identified

Executive Charge GACSA

- *To provide guidance regarding implementation of the approved Statewide Substance Abuse Strategic Action Plan for the improvement of the statewide substance abuse continuum of care*
- *Identify Recommend priorities for the improvement of the substance abuse continuum of care*
- *Receive input from local communities throughout West Virginia*
- *Provide recommendations to the Governor regarding improvements to:*
 - *Enhancing substance abuse education*
 - *Enhancing opportunities to collect and utilize data including data sharing*
 - *Policy and legislative action*

Executive Charge

Regional Task Forces

Purpose as set forth is to provide the Advisory Council with recommendations

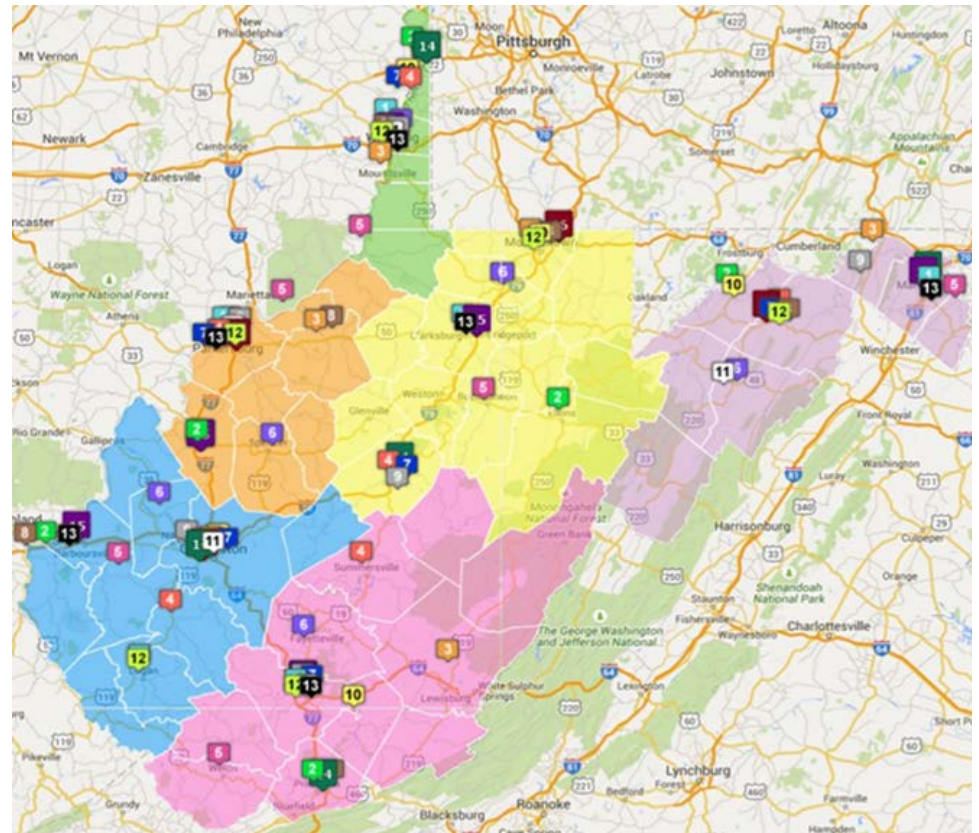
- for additional support for substance abuse services, programs, realignment or additional funding strategies,
- advocate for legislative action;
- and recommend initiatives to support the overarching goals in SA Plan Action Plan

Governor's Regional Task Force Meetings

Barriers Determined

- Education & Stigma
- Access & Navigation
- Cost

96 Meetings



Policy & Practice Improvements





- SB437
 - Required Physician Education
 - Opioid Treatment Center Rules (Therapy Requirement & Increased Oversight)
 - Pain Clinic Rules (Increased Oversight)
 - \$7.5 M New Funding
- SB371 - Justice Reinvestment- \$3.5 M Community Treatment & Recovery
- SB 335 - Expanding Access to Narcan
- SB 419 - Good Samaritan Law to Prevent Overdoses
- HB2880 - Vivitrol Pilot (Drug Court & Corrections)

Additional Improvements

Changes in Medicaid Coverage

- Buprenorphine, Mono-Buprenorphine, Vivitrol
- Expanded Medicaid Coverage to Provide Behavioral Health Services Via Telehealth
- Added LICSW as Approved Provider
- Added LPC for Primary Care
- 88% SAMHSA Waivered Prescribers - Medicaid

Service System Capacity

- Number Of Certified Recovery Coaches
 - 0  201
- Number of Pain Clinics and Methadone Clinics
 - 11 Pain Clinics Closed
 - Methadone Cash Clinics ---Opioid Treatment Centers Becoming Licensed Behavioral Health Programs
- Number of Physicians Providing Buprenorphine
 - 46  187 Physicians Waivered (164 Medicaid)
- Services/Capacity Change
 - Treatment & Recovery Beds 409  759
 - Regional Youth Service Centers 0  6

Physician Engagement & Education

Prescriber Education

- Appalachian Addictions Conference-287 (Doubled)
- Integrated Behavioral Health Conference 700
- 3-hour CME license renewal requirement- 7862 (Physicians, Physician Assistant's & Podiatrist's)

PDMP Utilization

- 15% increase in prescribers accessing the PDMP compared to 2014 (1st quarter)
- WV has interconnectivity with Virginia, Ohio, Kentucky, Connecticut, Indiana, Arizona, Nevada, Kansas, New Mexico and Maryland
- State is making notification to those unregistered prescribers encountered
- 15 % decrease in number of patients exceeding established threshold over last 6 months (10 different doctors and 5 different pharmacies in a 6 month period)

Access and Navigation

- The two most prevalent issues raised by the Task Forces and citizens statewide
- Both have been/are barriers to treatment by consumers and service providers
 - Individuals attempting access to services share that they need assistance in understanding the varying levels of care that exists, understanding what they need or what service option will be most effective in supporting them or their loved one
 - Individuals report that the process of seeking treatment is complicated and need support to make calls, get appointments, figure out how to get there, etc.

GACSA - RTF

Efforts that make a difference....

- The Governor's Advisory Council on Substance Abuse listened to RTF recommendations and partnered with the DHHR to fund the first ever statewide call line
- The GACSA tasked DHHR-BHMF with developing a strategy for simplifying access to our treatment options statewide and identifying service gaps that support on-going system improvements
- DHHR-BHMF issued an Announcement of Funding Availability (AFA) in May 2015



- In July 2015 First Choice Services (FCS), based in Charleston, WV, was chosen to operate the program.
- FCS's parent company, First Choice Health Systems (FCHS), has operated the statewide 1-800-Gambler helpline for the past 15 years



1-844-HELP4WV

**ONE Call. ONE Text. ONE Click.
INSTANT HELP.**

Get connected with community-based substance abuse treatment programs and behavioral health services near you.

Call Line Goal

Excerpted from Call Line Funding Announcement:

“improve access and immediate referral to appropriate levels of care and improve consistency in referral mechanisms and access needed to appropriate community supports,”

Program objectives

- Provide 24 hour, year round (365 days per year) call center with in-person call taking
 - No one is placed on hold
 - Service connections are made during the call when feasible with minimal delay in access coordination
- Expanded community outreach to support callers to have a single point of contact to learn about and access statewide substance abuse and mental health resources
- Provide **immediate in-call** crisis support linkage (example: 911)
- Overcome barriers to support timely access to services
- Identify service gaps in behavioral health services in WV
- Provide data collection and analysis with the goal of highlighting service gaps, outcome measures, and supporting data-driven decision making of providers.



Program Objectives

- Develop and maintain an up-to-date database of all behavioral health providers in WV
- Monitoring of treatment bed capacity daily
- Increase awareness of behavioral health issues and resources
- Establish a consumer feedback system to identify areas for improvement
- Establish a peer-run warm line

How We Work

- When someone calls, they are immediately connected with a live person 24/7.
- Clinical supervisors are always available for crisis consultation.
- Full range of resources are identified, and when possible a warm-line transfer is made.
- Callers receive continued follow-up calls to ensure their needs were met.

Connect with Us!

- Visit our website www.Help4WV.com and access our searchable online database of providers
- Add to our resource directory by contacting us
- Help us to keep the directory current by notifying us of changes
- Call, text, or chat online with us to ask for help finding treatment
- Follow us on Facebook and Twitter

Help Us Spread the Word

- We will be doing statewide outreach, and we can:
 - Come to your local health fair
 - Present at your professional conference
 - Do a “Lunch & Learn”
 - Mail you posters/brochures
 - Visit your agency/facility and provide info to staff



Streamlined Help

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ONE Click.

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CALL or TEXT
1-844-HELP4WV
(1-844-435-7498)

OR VISIT
HELP4WV.com



1-844-HELP4WV

- Web: www.help4wv.com
- Twitter: @Help4WV
- Email: Help4WV@1stchs.com
- Facebook:
<https://www.facebook.com/Help4WV/timeline>

Good News

- ✓ Overall decrease in the misuse of prescription drugs 3 years in a row
- ✓ Significant decrease in marijuana use and other drugs among young people ages 12-17 and 18-25
- ✓ Decrease in non-medical use of pain relievers in every age group with significant decreases for West Virginians ages 12-25
- ✓ 25% decrease in oxycodone and hydrocodone overdose deaths
- ✓ In 2012, WV had a suicide death rate of 17.6 (4.7 above the national rate) ranking 11th in the Nation for all ages combined. According to the Centers for Disease Control and Prevention those rates decreased to 16.4%

Where Help is Needed

- Overall substance use in West Virginia is consistent with national trends. 87,000 persons aged 12 or older were dependent on or abused alcohol and 48,000 persons aged 12 or older were dependent on or abused illicit drugs.
- Physicians and hospitals have noted a continued increase in the number of babies born with substance exposure over the past 5 years.
- Centers for Disease Control-“more than one in 10 pregnant women admitted drinking alcohol in the previous month, including about one in 33 who acknowledged at least one episode of binge-drinking”
- WVBCF-106 cases of Neonatal Abstinence Syndrome reported to tracking system in 2014.
- According to the AFCARS 2013 Foster Care Data File, WV ranks higher than the national Average (31%) for substance use as a reason for removing children from the home and the third highest in the nation for child removal from parents' custody with parental alcohol and or drug use as a reason for removal at a rate of 52.7%.

- WV has the 2nd highest rate in the nation for binge drinking intensity (9 or more drinks per episode).
- In 40% of fatal automobile accidents, alcohol was a factor.
- The top presenting drug across all years at the 13 WV Comprehensive Behavioral Health Centers was alcohol. The number of patients presenting with alcohol as their primary drug has increased an estimated 28% from 2012 to projected 2015 numbers (based on data through 7/31/15).
- While smoking rates have decreased for youth in WV, pregnant women smoke more than those individuals who smoke in the general population.

- Heroin as the primary presenting drug at the 13 WV Comprehensive Behavioral Health Centers has increased an estimated 215% since 2012, from 903 to an estimated 2,841 cases.
- Buprenorphine, although smaller in absolute numbers, has shown the greatest percentage increase since 2012 – an estimated 564%.
- The only category of presenting drug that has shown a decrease since 2012 is “Other Opioids and Synthetics,” which may reflect the decreased use of synthetics due to tighter regulation, enforcement and increased education.
- Accessible transportation continues to be limited in WV, with only 30 of 55 counties having public transit systems and only 33 counties with taxi services.

- Although WV has shown a 12% increase in Hepatitis B cases from the first half of 2014 to the first half of 2015, several counties have been identified as “hot spots,” with a much larger percentage increase than the state as a whole. Care must be taken in interpreting these data, as the actual number of cases in several counties is quite small. Also, please note that these numbers are provisional, and may change as new information becomes available to public health. This is just a snapshot of the data over time, and there are many factors that can affect the number of cases that are reported
- It may also be possible that, with the recent interest in WV’s hepatitis problems, with several proposed remedies such as needle exchange programs, and with new hepatitis treatments being advertised in the media, that the number of tests that have been performed has increased. If that is the case, the increase in case counts could be a product of increased surveillance efforts, and may not necessarily indicate an increase in disease incidence

Hepatitis B "Hot Spots": WV Counties with the Greatest Percentage Increase, First 26 Weeks of 2014 vs. 2015

County	First 26 Weeks 2014	First 26 Weeks 2015	Percent Increase
Cabell, WV	10	27	170.0%
Harrison, WV	4	10	150.0%
Jackson, WV	1	7	600.0%
Kanawha, WV	31	47	51.6%
Logan, WV	5	10	100.0%
Wood, WV	2	9	350.0%

Program Challenges

- Lack of dissemination of Nalaxone for use by law enforcement, family members and communities at large due to barriers of cost, availability in pharmacies, and preference for using the Evzio device vs. the method (syringe) that is currently covered by Medicaid
- Short-Term Residential Treatment Programs for Pregnant Women and Transitioning Youth are not available in every region of the State
- Lack of acceptance in recovery community and some provider groups for Medication Assisted Treatment
- State standards and monitoring do not exist for MAT physicians that are not Medicaid providers
- Lack of MAT services in primary care and behavioral health centers particularly for pregnant women
- Lack of services for children with significant mental health conditions in the most integrated settings appropriate to their needs

Program Challenges

- Inconsistent protocols and guidance on diagnosis and referral for women using substances
- A Women's Recovery Network does not exist
- As recovery facilities expand for women without any in-house clinical staff there are increased technical assistance needs regarding protocols for accepting and caring for the children that may be substance exposed or have trauma associated issues
- Inconsistent cross-system service resource sharing particularly with individuals with complex needs
- Drop-In Centers are currently located regionally but not accessible at the local level
- Supportive service shortages areas include: transportation, mobile crisis services, and peer recovery support groups particularly for medication assisted recovery and youth in recovery

Work Force Challenges

- Only 50% of Prevention Specialist are certified through IC& RC
- Lack of Child Psychiatrist and clinical staff providing best practices for youth and young adults
- Insufficient number of Credentialed and Licensed Counselors to provide therapy in coordination with Physicians providing medication assisted treatment
- Barriers continue for individuals in recovery entering the workforce
- Physician best practice in prescribing still not implemented including reporting to the PDMP and Universal Screening of Pregnant Women
- Implementation of the Community and Peer Certification Process
- Behavioral health education courses are limited in community and technical schools

Innovative System Infrastructure Challenges

- Telehealth is limited across provider organizations particularly with regard to screening and treatment service provision particularly youth, pregnant women, and individuals living in rural areas of the State
- Lack of home-based solutions
- Cross-system collaborations and information sharing are necessary for data collection, program service definitions and population program development
- Social media and marketing is inconsistent across agencies and organizations to increase public education messaging and service engagement

Innovative System Infrastructure Challenges

- On-site program monitoring standards are inconsistent to reinforce the utilization of best practices and quality standards
- Lack of standardized quality measures for consumers to review programs
- Antiquated business practices continue to inhibit sustainability and overreliance on federal and state funding (partnerships, grant-writing capacity, funding diversification)

GACSA 2014 Recommendations

Statewide Implementation Recommendations

- Further expand behavioral health outreach, education and practicum experiences for all health care providers to continue to promote best prescribing and treatment practices statewide
- Endorse WV's application for the Excellence in Mental Health Act grant that would help improve access and quality of services statewide

GACSA 2014 Recommendations

- Increase early and often education of students on substance use and consequences including the effects during pregnancy
- Continue to expand Early Intervention and Peer Support Services by providing reimbursement for these services through Medicaid and other insurers (Pilot)
- Ensure that all schools have access to in-school Behavioral Health Services to promote early screening, intervention and access to service provision

GACSA 2014 Recommendations

Regional Capacity Recommendation

- Develop a long term in-patient program and facility (30-60-90 days) for the Northern Panhandle (Women and Children)

Legislative and Policy Recommendations

- Levy Alcohol and Tobacco Taxes as an environmental strategy to decrease underage drinking and tobacco use among young people with revenue generated dedicated for substance abuse service provision

GACSA 2014 Recommendations

- Enact legislation that provides immunity for good Samaritans reporting incidence of alcohol and other drug use causing harm and increase access and availability of Naloxone distribution to decrease the number of drug overdose deaths in WV
- Select a group of key leaders to serve on a Workforce Workgroup reporting directly to the GACSA to create a path for employment and citizenry for individuals in recovery
- Oppose legislation supporting medical marijuana and/or legalization of marijuana
- Review and update “maternal risk screening legislative rule” for consistency with current federal law and state protocols for determining fetal and maternal risk with regard to substance use, diagnosis and treatment

Small Group Work - Determining Regional Priorities

1. Review the recommendations made by the region last year.
2. Discuss any new recommendations based on the information presented and any other community input.
3. Identify “Bigger than Us” priorities per table and write down (legibly) on the YELLOW worksheet provided and submit to RTF staff.



Vote! Top 5 Regional Priorities

All participants will vote on the Regional priorities.

Check Out and Evaluation

+

What went
well today?

Δ

What could
be improved?

Check-Out

- Plus/Delta on index cards + and Δ
- Please use the index cards to provide anonymous feedback.
- Leave index cards at designated location.



Thank you...