

Meeting Minutes

Pregnant and Parenting Women Subcommittee of the Governor's Council on Substance Abuse Prevention and Treatment

Tuesday October 29, 2024, Approved

Attendees:

Subcommittee Members: Janine Breyel, Sandra Cline, David Didden, Rhonda Edmunds, Amna Haque, Dr. Stefan Maxwell (chair), Cody Smith, Amy Tolliver

Invited, Not Attending: Rebecca Crowder, Jostin Holmes, Kristy Richardson-Ohlis, Nikki Lyttle, Randy Venable

ODCP Staff: Jessica Smith

Marshall University Staff: Bradley McCoy

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 (PPW) Subcommittee. The meeting was called to order on Tuesday October 29, 2024, and was conducted by Zoom conference. A quorum was not present to approve the first October 2024 meeting minutes. The purpose of the meeting was to finish editing the 2025 State Plan.

Agenda:

State Plan 2025 Draft with Final Draft Due November 15, 2024

- The group actively worked toward the development of their 2025 Plan, building from the 2024 Plan. Their draft is shown below with edits.
- The group discussed how referrals to treatment is part of the post-SUD screening process. It would be difficult to track referrals to treatment, those who are connected to that referral, and those who seek other services. For the purposes of the plan, they are focused on the screening process knowing that referrals to treatment are being made but understand limitations of data collected further in the screening/treatment/recovery continuum.
- Goal 1 added percentages for goals of increasing SUD screening from 60% to 75%.
- In regard to Goal 1, Strategy 1, KPI 1: when the West Virginia Perinatal Partnership's PRSI/screening initial survey is done, they will be able to analyze findings and develop recommendations on it next year but they will have an open REDCap project for it so they have the potential to give more surveys if they see the need for it.
- The group discussed how to best address nicotine, tobacco, vapes, and various tobacco products as separates substances or separate modalities.
- Dr. David Didden shared the educational infographics done by WVU's Rational Drug Therapy Team. Academic detailers would be a good avenue to explore to meet the KPIs for dissemination

of issue briefs to providers.

- In regard to Goal 1, Strategy 3, KPI 4: the group discussed how educational campaigns and social media toolkits already exist so they will not need to develop their own. Success of this KPI hinges on the success of Goal 1, Strategy 3, KPI 2 and identifying funding sources. Dependent on what avenues are available, existing educational campaigns can be chosen after meeting with those who developed in.

Reconfirm Subcommittee Membership

- The group confirmed the members' contact information and organization. The group would like to add Tameron Asbury and Kelly Lemon to the invitation list and reach out to Dr. Judd Lindley and Michelle Akers to begin attending again.

Additional Discussion

- None.

Adjournment:

Dr. Maxwell closed the meeting by thanking all subcommittee members for their attendance. The subcommittee will meet again next month.

Pregnant and Parenting Women (2025 Draft Plan - October 29, 2024)

Goal 1: Promote prevention, treatment, and care coordination for pregnant and parenting women.

Strategy 1. Increase standardized screening from 60% to 75% to identify pregnant and parenting women with SUD.

KPI 1: Through December 31, 2025, continue to partner with the West Virginia Perinatal Partnership to support collection and analysis of initial survey data from OB/GYN providers on their screening practices and identify barriers to completion of the PRSI in their practices.

KPI 2: By June 30, 2025, develop a set of written recommendations based on survey findings to optimize standardized screening.

KPI 3: Through October 31, 2025, share key findings of the survey and recommendations developed as result of the survey with stakeholders and elicit feedback, including but not limited to Office of Maternal Child and Family Health, Maternal Risk Screening Advisory Council, American College of Obstetrics and Gynecology West Virginia, and West Virginia Perinatal Partnership.

KPI 4: By December 31, 2025, synthesize feedback from stakeholders to inform the next steps and development of strategies to continue increase of screening

practices.

Strategy 2. Increase capacity to provide treatment and recovery support across West Virginia (for all substances) for pregnant and parenting women, including those who experience a return to use.

~~KPI 1: By June 30, 2024, conduct key informant interviews with the residential housing facilities that serve pregnant and parenting women.~~

KPI 1: Through March 31, 2025, review housing recommendations to inform development of strategies to increase capacity.

~~KPI 2: By August 31, 2024, develop recommendations based on survey findings.~~

~~KPI 3: By June 30, 2024, conduct regional, virtual listening sessions statewide to understand what is working well and where there are gaps related to infants and families exposed to methamphetamine and other polysubstance use.~~

~~KPI 4: By August 31, 2024, develop recommendations based on listening session findings.~~

KPI 2: By April 30, 2025, plan and implement a one-day meeting to advance the work of Strategy 2, engaging other subcommittees such as Prevention, Treatment, Public Education, and Recovery.

Strategy 3. Develop and implement a campaign to educate providers, key stakeholders, and communities (PPW) on the risks of alcohol use, cannabis, nicotine/tobacco during pregnancy (especially the third trimester) to address current rates of fetal alcohol exposure, cannabis exposure, and nicotine/tobacco exposure.

KPI 1: By April 30, 2025, include implementation of education campaigns as a topic of discussion at the meeting with the other subcommittees mentioned in Strategy 2.

KPI 2: By June 30, 2025, identify potential funding sources to support an educational campaign.

KPI 3: Through December 31, 2025, continue to disseminate issue briefs on topics mentioned in Strategy 3 to providers such as the incidence of infants exposed to alcohol in the last 4-6 weeks of pregnancy and post them on Help and Hope WV.

KPI 4: By December 31, 2025, choose an existing social media toolkit based on the issue briefs mentioned in KPI 2 and KPI 3.

KPI 5: By December 31, 2025, present to providers on the effects of alcohol, cannabis, and nicotine/tobacco at statewide meeting i.e. West Virginia Perinatal Summit, Appalachian Addiction Conference and document number of providers reached.