

Skinner, Brian J

From: Mark Drennan <Mark@wvbehavioralhealth.org>
Sent: Thursday, July 27, 2017 10:11 AM
To: Skinner, Brian J
Cc: Dolores Lowe
Subject: Public Comments - Office of Drug Control Policy 69-13 - wvbehavioralhealth.org.xlsx
Attachments: Public Comments - Office of Drug Control Policy 69-13 - wvbehavioralhealth.org.xlsx

Good Morning Mr. Skinner,

Attached are the Association's public comments on rule 69-13 Office of Drug Control Policy.

If you have any questions, let me know.

Thanks,
Mark

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**West Virginia
Behavioral Healthcare Providers
Association**

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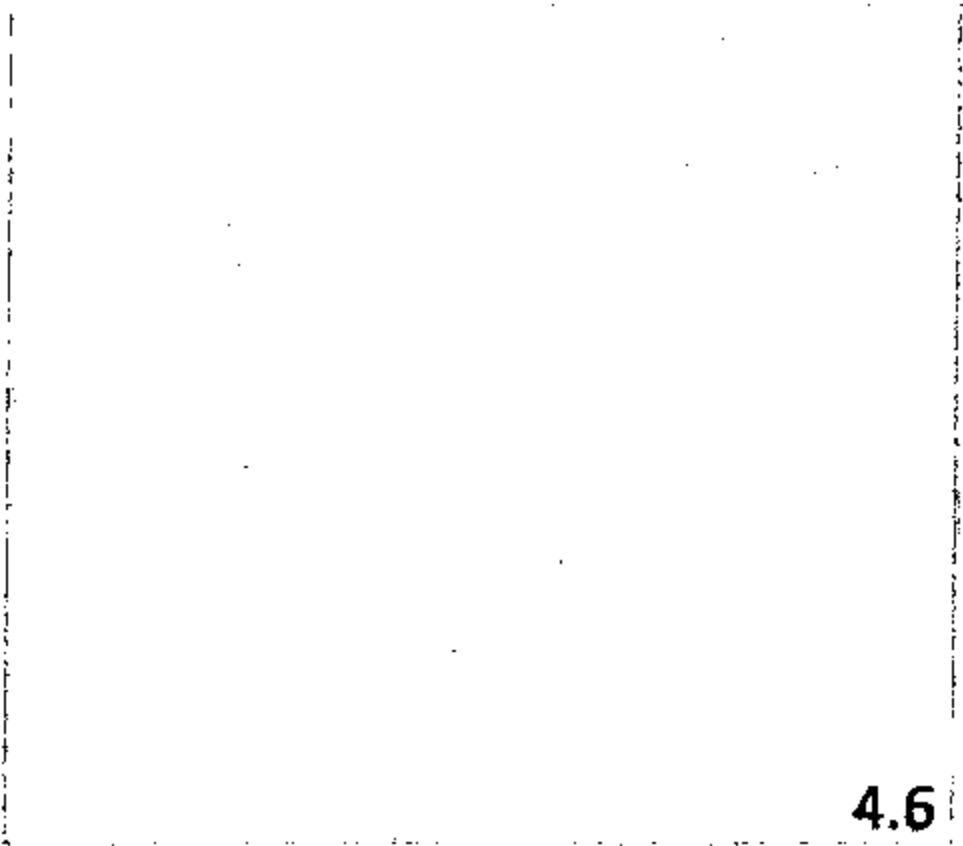
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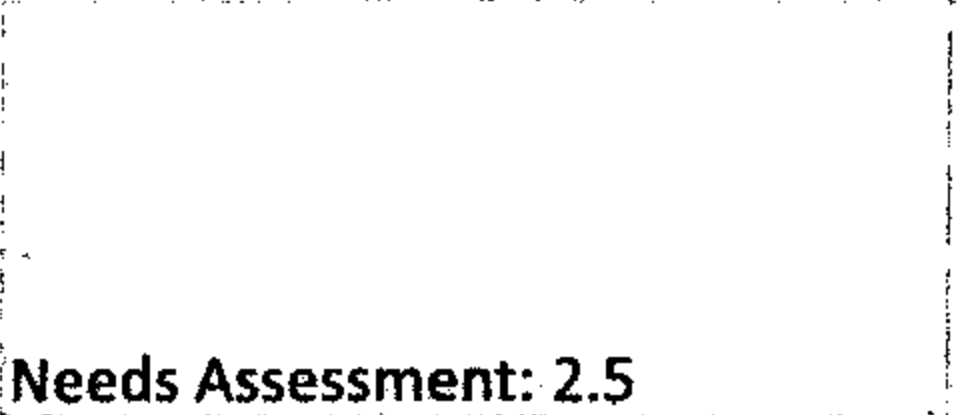
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Needs Assessment: 2.5

Regions: 2.7



Strategic Plan: 2.10

Comments

Does this mean that all funding received by the BHHF has to be deposited into this account? If so, how will this affect funding for existing needs such Core, CES, and Residential programs?

The word "beds" is used explicitly but should be expanded to include funding for additional IS programs (formerly IOP)

the last sentence "licensed to provide additional and substance abuse services". Does this exclude existing services in some capacity?

The entire document has an eery CON feel to it my opinion.

Shouldn't there be some language for the BHHF to build upon what has already been with a Needs Assessment several years ago and the contributions of the Governor's SA Task Force?

Community Participation in developing a Needs Assessment

This should include the Comprehensive Mental Health Centers

If they are including the WV Hospital Association, I hope they are going to include other important affiliated Associations such as the WV BH Provider's Association

When they state "Other Statewide organizations that advocate for person with SUD and their families", I hope they plan to include the WV Behavioral Health Planning Council. This group's mission includes reviewing the Block Grant as well as advocating and reviewing the system to ensure that services are being provided as needed.

It is imperative that a data collection program is utilized that will serve the entire state, and that data is collected and analyzed from each of the 6 regions in the state.

Will there be an ODCP for each of the six regions of the state? Harrison County is currently in the process of instituting an ODCP for the county. This office will include positions of Medical Director, Data analyst and Financial Director for the ODCP for Harrison County. I feel that this office could be expanded to include all of Region 4.

Needs to include areas of prevention, intervention, treatment and recovery.

Prevention: continue programs currently providing information on substance abuse and smoking to the schools. Expand these programs in areas that are high in addiction abuse. Programs need to be developed for the 18-30 year old age groups, 30-45 year old age groups. The average age of Overdose deaths is 42.5 years.

Intervention: needs to include law enforcement with diversion programs such as the LEAD Program, Hospitals and Emergency departments placing people in detox, then available treatment beds, for an example. The use of MAT (Medicated Assisted Treatment) for Detox where appropriate, then titrated completely off MAT.

Mental Hygiene Commissioners can play a vital role in placing persons into detox, then treatment.

Treatment: the different types of treatment available will need to be defined, along with populations to be served.

1. Treatment needs to be expanded for infants born with NAS (Neonatal abstinence syndrome)
2. Treatment and Recovery Centers where parents (mothers) are not separated from their infant.
3. Family support for infants in NICU'S or newborn nurseries.
4. Inpatient detox and treatment for adolescents.
5. Additional long term treatment for adults: both men and women
6. Intensive Outpatient Treatment for adults: both men and women
7. Short term treatment will need intensive outpatient and recovery care.

Recovery: persons need to be placed in Recovery houses or Centers that have been proven to be effective.

The terms of short term and long term treatment need to be defined. Intensive outpatient treatment needs to be explained and included as a treatment modality.

The use of MAT(medicated assisted treatment) needs to be determined as to where it is included in this bill. This definitely NOT long term. It can be used for detox where applicable, the titrated off of suboxone. The use of Vivitrol needs to be explored also. It is not an opioid and can be used to prevent cravings during the initial stages of treatment and recovery.