



VIEW*S* & VISIONS

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Behavioral Health Providers – West Virginia’s Front Line of Defense on Addiction

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Mark Drennan is Executive Director of the West Virginia Behavioral Healthcare Providers Association. He holds a bachelor’s degree in psychology and a Master of Social Work from West Virginia University. Prior to coming to the Association, Drennan served as Chief Strategy Officer for the Children’s Home Society. He also served as the Executive Director for the Make-A-Wish Foundation of Kentucky, which is based in Louisville.

He has served on various boards, including the Governor’s Substance Abuse Advisory Council, the Medical Services Fund Advisory Council, National Governor’s Council Three Branch Initiative, in partnership with the Annie E. Casey Foundation, Recovery Point of Huntington Advisory Council and Chair of the Association’s sponsored health plan.

On September 11, 2017, Drennan was sworn into the West Virginia Senate, appointed to serve the 4th Senate District, which includes Jackson, Mason and parts of Putnam and Roane Counties.

In recent years, there has been a major uptake in opiate use, misuse and addiction in the United States, creating a public health crisis that has devastated individuals, families and communities, often in the most unlikely places. Addiction to prescription pain medications and heroin has become commonplace, and the heartbreak of death by overdose has become an everyday reality in the lives of so many Americans.

More than one-quarter (26 percent) of individuals admitted for treatment in the publicly funded system cited heroin or prescription opioids as their primary substance of use. From 2000 to 2012, admissions for abuse of prescription opioid pain relievers alone increased by 500 percent. According to data from the National Association of State Alcohol and Drug Abuse Directors, 37 states reported an increase in treatment admissions for heroin from 2012 to 2014. In addition to the troubling increase in treatment admissions, opioid overdose deaths have also been on the rise – the Centers for Disease Control and Prevention (CDC) reported 33,000 opioid overdose deaths in 2015.

In West Virginia, ground zero for the opioid crisis, behavioral health providers are focused on increasing evidence-based treatment access, care coordination and prevention. West Virginia Behavioral Healthcare Providers Association members treated 9,000 individuals with addictions in 2009. During the past 12 months, these same providers have treated 32,000 individuals – a 250 percent increase. Providers are using an “all-of-the-above” strategy in combatting the crisis. The challenge is to rapidly



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address these large numbers while finding where the patient best fits on the continuum of services. Not everyone who is suffering with addiction will take the same path to recovery.

Planning and coordination of care is imperative to helping a person find long-term recovery from addiction. Ashley Keiffer, 33, of St. Albans, West Virginia, reported that using alcohol at age 11 with older neighborhood kids led to a 20-year struggle with addiction. “I lost everything. My children were taken, I was homeless and I was arrested 16 times,” said Keiffer. After a final arrest, she called a friend who was in recovery for help. The friend picked her up and drove her to a substance abuse detox facility that day. Upon discharge from detox, she went directly to a 28-day program and then to a long-term treatment facility. She graduated in six months, but stayed an additional five before leaving.

In recovery now for two years and six months, Keiffer says that if she would have returned to her previous environment at any point during her treatment, the outcome would have been different. Today, she has custody of her children and works to help others with addiction at First Choice Health Systems, where she answers more than 20 calls per day for 1-844-HELP4WV. She assists others in finding treatment, recovery and, sometimes, a ride to detox.

There is more hope on the way! Behavioral health providers are preparing grant proposals seeking to expand treatment across West

Virginia. The West Virginia Legislature's Ryan Brown Act created an account for the expansion of treatment services, funded with \$22 million of pharmaceutical company settlement monies. These companies were accused of flooding West Virginia with prescription opioids and the settlement will be used to help those hurt by this overprescribing. The expansion will allow for more seamless transition between levels of care and allow more individuals the opportunity that Ashley Keiffer experienced. These grants require centers to expand the number of treatment slots and the length of time someone can stay in treatment.

Keiffer noted her addiction started at age 11, and studies agree with her experience. Normal neurobiological development makes youth particularly vulnerable to the development of addiction. Drinking and other substance use among teens and pre-teens doesn't always lead to disorders, but youth who drink or use other substances before age 21 are much more likely to develop substance use disorders in adulthood, as the chart below from the Center for Adolescent Substance

Abuse Research demonstrates. Adverse childhood experiences and continued exposure to other risk factors – especially in combination – also predispose youth to development of substance and mental health disorders. Developmentally appropriate prevention and early intervention services minimize or prevent these disorders.

Every day across West Virginia, behavioral health providers are helping thousands of our family members and neighbors find hope in recovery through evidenced-based treatment practices.

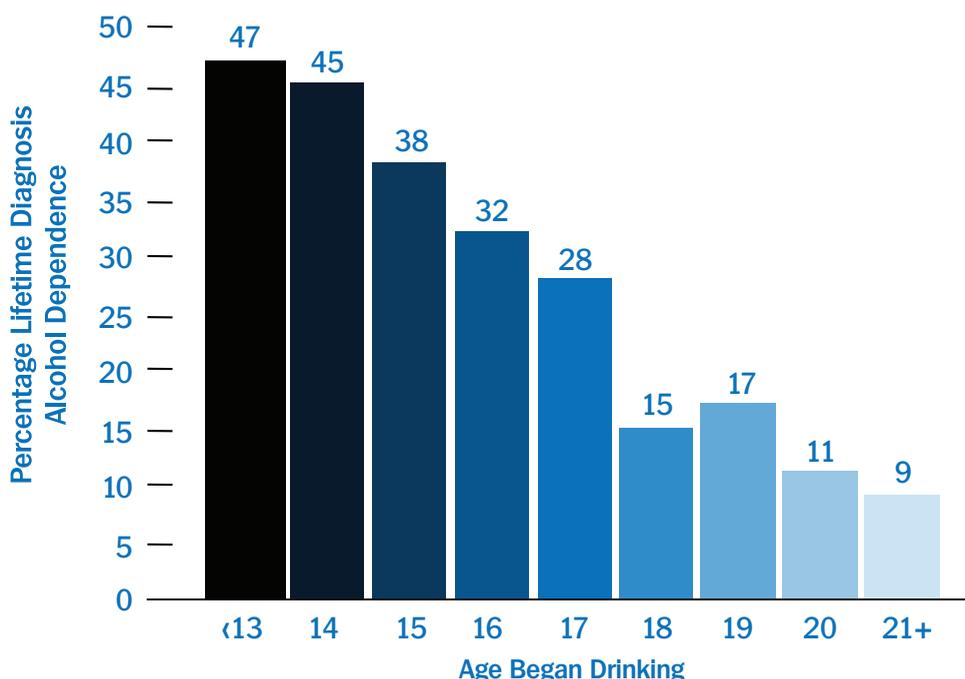
The Substance Abuse and Mental Health Services Administration estimates that prevention services delivered to public school settings save \$18 for every \$1 spent. This creates cost savings in medical and other resources, including

property damage, police and criminal justice interventions and insurance administration, lost wages and household work, and reduced quality and loss of life. The existing substance use prevention infrastructure must be strengthened and built upon to ensure that substance use prevention strategies and services are fully included and explicitly required in broader chronic disease prevention initiatives.

One area where this could not be clearer is in the prevention of infants being born with neonatal abstinence syndrome. Addiction treatment providers and needle exchange programs are encouraging women in active addiction to receive long-acting birth control until they can achieve recovery. This alone would prevent children from getting a poor start in life, and it would save our state millions in neonatal intensive care costs. Historically, neonatal intensive care has been the number one cost driver for Medicaid, nationwide.

Every day across West Virginia, behavioral health providers are helping thousands of our family members and neighbors find hope in recovery through evidenced-based treatment practices. In addition, these providers are working in homes, schools and clinics to ensure our next generation gets the best possible start in life – free from addiction. West Virginians are a tough and resilient bunch, and we will succeed in defeating the plague that is drug addiction. ▽

Prevalence of Lifetime Diagnosis of Alcohol Dependence by Age of Onset of Drinking



SOURCE: Hingson et al 2006