

Meeting Minutes

Pregnant and Parenting Women Subcommittee of the Governor's Council on Substance Abuse Prevention and Treatment Wednesday, February 25, 2026, Approved

Attendees:

Subcommittee Members Attending: Courtney Boyd, Janine Breyel, Dr. David Didden, Rhonda Edmunds, Amna Haque, Dr. Stefan Maxwell (chair), Lisa Richards

Subcommittee Members Not Attending: Tameran Asbury, Rebecca Crowder, Kelly Lemon, Kristy Richardson-Ohlis, Dr. Cody Smith, Amy Tolliver

Guest Speaker: Jackie Newson

Guests Attending: Tristram Spitsnaugle

Office of Drug Control Policy (ODCP) Staff Attending: Dr. Stephen Loyd

State Opioid Response Regional (SOR) Staff Attending: Mark Lanyon

State Opioid Response Regional (SOR) Coordinators Attending: Raj Masih, Jill Poe, Elizabeth Shahan

Marshall University Staff Attending: 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 Wednesday, February 25, 2026, and was conducted by Google Meet video conference. The January 29, 2026 meeting minutes were approved by Dr. Stefan Maxwell. There was no further discussion. The purpose of the meeting was for the guest speaker, Jackie Newson, to present on home visitation programs.

Agenda:

Guest Speaker – Jackie Newson Director of the Division of Infant, Child, Adolescent and Young Adult Health in the Office of Maternal, Child and Family Health

- Jackie presented the impact of West Virginia's home visitation program.
- The West Virginia Home Visitation Program (WVHVP) was established in early 2011. The primary funding source is the Maternal, Infant and Early Childhood Home Visiting (MIECHV). Initial funding was \$1,000,000 a year. West Virginia received a couple development and expansion grants to grow the program. Annual funding for West Virginia is now around \$7,500,000.
- MIECHV funds in some capacity 26 home visiting programs statewide. Models include Parents as Teachers, Healthy Families America, Early Head Start (Home-Based Option), and Maternal Infant Health Outreach Worker (MIHOW) program.
- Right From The Start (RFTS)
 - They are a Medicaid case management model for prenatal women and infants through age one.
 - They utilize registered nurses and licensed social workers.
 - Referral sources include a High Birth Score, the Prenatal Risk Screening Instrument (PRSI), and via provider and community partners.

- They provide smoking cessation programs for women to quit/reduce smoking. These are virtual, evidence-based education programs paired with a monitor. They are also working to implement vaping-specific cessation services with a different type of monitoring system. It is difficult to measure cannabis usage without breaking client trust and to continue providing services.
- They provide an initial assessment and an ongoing service care plan.
- Services provided in the home, neutral location, or virtually if needed. They can also get Medicaid reimbursement for virtual services.
- Home visiting is emphasized to be free and voluntary.
- They try to establish relationships with parents prenatally.
- The federal government requires robust data collection.
- The role of a home visitor includes:
 - Being careful listeners while being supportive
 - Developing relationships with families
 - Digital literacy and usage of health apps
 - Empowering the family
 - General health literacy
 - Linking families with the resources needed such as community partners who provide items like pack and plays
 - Modeling and reinforcing learning at every home visit
 - Preparing questions for provider visits
 - Providing non-judgmental discussion, not imposing values or opinions
 - Scheduling transportation for appointments
 - Seeing themselves as resources and facilitators, while showing families the caregiver is the first and most important teacher
 - Strengthening communities
- Help Me Grow is a coordinated intake process. They employ four social workers and one coordinator with a master's degree in early childhood development. They alleviate the burden from providers and work to get families to the correct model that best fits their situation. This helps providers make referrals to a one-stop shop. They also have a Centralized Access Point with education and connections to resources. An example of the referral form is available upon request. They have an online referral platform. Both providers and families can utilize this. The West Virginia Perinatal Partnership will encourage health facilities to use this in the future.

Additional Discussion

- Amna Haque has developed an alcohol and pregnancy pamphlet, and it has been sent to their graphic designer.
- The West Virginia Perinatal Partnership is awaiting funding from the Bureau of Behavioral Health (BBH) to sign with NIT Upstream for the education campaign.

Adjournment:

Dr. Maxwell closed the meeting by thanking all Subcommittee members for their attendance and participation. The Subcommittee will meet again on Wednesday, March 18, 2026, at 10:00 AM.