



**West Virginia  
2020-2022 Substance Use Response Plan  
2022 Year End Progress Report**

**Governor's Council on Substance Abuse Prevention and Treatment**



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## Introduction

The purpose of this report is to update the Governor’s Council on Substance Abuse Prevention and Treatment, key stakeholders, and communities on the progress for the third year (2022) implementation of the West Virginia 2020-2022 Substance Use Response Plan. This report serves as a tool and mechanism by which the Governor’s Council can monitor progress in each of the plan areas. This report serves as a summary of the current status of each key performance indicator (KPI) that is being implemented in Year 3 and reflects newly reported progress in implementation for Quarter 4 (October 1, 2022, to December 31, 2022). The report is organized by the following eight strategic areas presented in the West Virginia 2020-2022 Substance Use Response Plan. Of note is that a new Pregnant and Parenting Women Subcommittee will begin implementation in 2023 and be the ninth section of the Plan in a subsequent quarter. Current Subcommittee Plan sections reflected in this report include:

- Prevention
- Community Engagement & Supports
- Health Systems
- Treatment, Recovery, and Research
- Courts & Justice-Involved Populations
- Law Enforcement
- Public Education
- Recovery Subcommittee

This document continues to serve as one means for the Governor’s Council members and the West Virginia Department of Health Human Resources - Office of Drug Control Policy (ODCP) to demonstrate their commitment to accountability, sustainability, and willingness to assure this plan is advanced in order to systematically address the substance use disorder crisis in West Virginia and achieve the intended outcomes. As noted in the original Strategic Plan for 2020 to 2022, true success in implementing this plan continues to require integrated efforts at every jurisdictional level and across sectors. This has continued throughout Years 1 (2020) and 2 (2021) and for Year 3 in 2022. This work in West Virginia will not be achieved by any one agency, entity, or jurisdiction alone. As such, the Council continues to offer the Plan as a common framework to other sectors and organizations engaged in addressing West Virginia’s substance use epidemic. The use of a common framework enhances the likelihood of aligning efforts, leveraging one another’s work, minimizing gaps, and communicating collective progress. Addressing this epidemic in West Virginia clearly requires a “whole of community” effort. This shared commitment is at the center of the relationship between the Council, state agencies and local communities to enable us to work together to make the vision outlined in the Plan a reality. The Year 3 Implementation Plan, in its entirety, is available on the ODCP [website](#).

# Executive Summary

## Purpose

This 2022 Quarter 4 Progress Report was prepared to update the Governor’s Council, key stakeholders, and communities on the progress being made towards achieving what is presented in the West Virginia 2020-2022 Substance Use Response Plan for Year 3 (2022) as well as changes made in an ongoing manner to address current needs in the state. In addition, this reporting process facilitates an important dialogue about the initiatives being undertaken and issues of importance.

## Background

Throughout the first two years of implementation in 2020 and 2021, some key performance indicators (KPIs) were impacted by the COVID-19 pandemic in West Virginia. It is our hope that the current reduced COVID-19 cases in the state will enable continued progress through the year. This is of critical importance as we continue to develop an understanding of the impact of the “epidemic within the pandemic” in our state. Most recent data released by the Centers for Disease Control and Prevention, Provisional County-Level Drug Overdose Death Counts for the period ending July 31, 2021, indicated some reduction in overdose deaths in West Virginia (Centers for Disease Control and Prevention, January 23, 2022). This highlights the need for continued work to maintain progress and that continued monitoring of data by the Council, ODCP, state partners, and local communities is paramount. Substance use disorders must remain a priority.

Progress towards completion for each key performance indicator (KPI) was measured as “Completed,” “In Progress/On Target,” “In Progress/Falling Behind,” “In Progress/Far Behind,” or “Not Started” with a percentage of the work complete documenting progress for each KPI. This report presents the 2022 Quarter 2 status for each KPI from April 1, 2022, to July 31, 2022. Measurements demonstrate both transparency and a commitment to communicate progress. Subsequently, the Plan continues to have a strong focus on the indicators and metrics established through the key performance indicators, with ongoing efforts that these are time-framed and measurable.

Implementation of the Plan for Year 3 (2022) resulted in the following for the 226 KPIs being implemented, monitored, and reported this year. Of note is that total KPIs may vary from quarter to quarter as Subcommittees add or remove KPIs during implementation.

	Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
KPIs Completed	24 (12%)	38 (17%)	55 (24%)	116 (51%)
KPIs In Progress	137 (60%)	151 (68%)	145 (65%)	88 (39%)
Not Started	64 (28%)	34 (15%)	25 (11%)	21 (10%)
Not Reported	1 (0%)	1 (0%)	1 (0%)	1 (0%)
<b>KPIs Completed or in progress at end of quarter</b>	<b>160/226 (71%)</b>	<b>191/226 (84%)</b>	<b>198/226 (87%)</b>	<b>204/226 (90%)</b>

# Progress Reports by Quarter

## Prevention

**Goal 1: Increase, sustain, and align investments in prevention (including strengthening the prevention workforce and advocating for policy reforms).**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Coordinate talking points across systems for legislators/policymakers at state and local levels.</b>				
KPI 1	Annually disseminate key prevention information during Prevention Legislative Day, with each regional prevention lead reaching out to 50% of their delegates.	100%	100%	100%	100%
KPI 2	By December 31, 2022, and annually, work with partners and prevention organizations to schedule and host Prevention Day and activities at the Legislature.	25%	75%	75%	100%
<b>Strategy 2</b>	<b>Increase support for prevention advocacy and policy change, workforce training, and credentialing.</b>				
KPI 1	Through December 31, 2022, the prevention lead organizations will convene quarterly to gather and review existing organizations, trainings, and education needs, credentialing required for the workforce, and resources needed for an online, statewide Prevention Resource Warehouse.	25%	25%	50%	75%
KPI 2	Through December 31, 2022, continue to identify one to two prevention mentors per region across the state to connect them to the ongoing virtual prevention collaborative workspace.	100%	100%	100%	100%
KPI 3	By December 31, 2022, mentors, coalitions, and key stakeholders will have met quarterly with mentees, to provide workforce training and skill development (i.e., grant writing).	25%	25%	50%	75%
KPI 4	Through December 31, 2022, work with partners to identify a cross-section of two to four prevention champions, including legislators, from each region in the state and introduce them at the next prevention summit/conference.	25%	100%	100%	100%
<b>Strategy 3</b>	<b>Examine a consistent updated method for coalition funding distribution.</b>				
KPI 1	By July 31, 2022, examine approaches and strategies from other states for local coalition support and publish a white paper on the findings.	10%	10%	35%	50%
KPI 2	By December 31, 2022, examine how coalitions are funded at the coalition/county level and create a set of recommendations to expand and diversify funding strategies for support.	10%	80%	80%	100%
<b>Strategy 4</b>	<b>Establish cross-system training opportunities (three to four annually) related to prevention.</b>				

KPI 1	Through December 31, 2022, provide three to four prevention training sessions, including one annual statewide prevention summit or conference.	10%	100%	100%	100%
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**Goal 2: Maximize cross systems planning, collaboration, and integration.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Inform and shape prevention policy and practices by building upon research, proven models, and other meaningful data.</b>				
KPI 2	By December 31, 2022, and annually thereafter, offer two trainings on current proven prevention models to partners across the state.	0%	50%	100%	100%
<b>Strategy 2</b>	<b>Formalize an infrastructure of prevention stakeholders (Prevention Steering Team) consisting of state organizations, local nonprofits, behavioral health organizations, prevention lead organizations, coalitions, West Virginia Department of Education, and others from across systems to lead integration of prevention efforts, mobilize resources, enhance communication, and set the expectation that collaboration is the norm.</b>				
KPI 1	By July 30, 2022, survey members to ensure every aspect of prevention is represented by participating partners.	10%	75%	100%	100%
KPI 2	By December 31, 2022, develop a set of guiding principles to encourage and facilitate collaboration across systems.	0%	0%	25%	75%
<b>Strategy 3</b>	<b>Clarify the roles of community-based coalitions to create stronger linkages, maximize funding, and increase understanding and access to a continuum of prevention programs.</b>				
KPI 1	By December 31, 2022, establish designated prevention coalitions and expectations that are added to funding announcements.	50%	75%	100%	100%
<b>Strategy 4</b>	<b>Create the foundation for a state-level clearinghouse of promising practices, tools, and win-win opportunities to support research and collaborative learning processes.</b>				
KPI 1	By December 31, 2022, launch the state-level clearinghouse.	25%	40%	50%	100%

**Goal 3: Improve data collection, integration, and use at the regional and local levels to track progress and promote shared accountability.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Improve data collection, integration, and use at the regional and local levels to track progress and promote shared accountability.</b>				

KPI 1	By December 15, 2022, the Prevention Steering Team and Goal Workgroup will release a guidance document that includes recommended prevention interventions for universal, selected, and indicated populations.	0%	40%	75%	100%
<b>Strategy 2</b>	<b>Improve multi-agency data sharing and accessibility.</b>				
KPI 1	By March 30, 2022, the Prevention Steering Team and Goal Workgroup will review and evaluate available data.	0%	25%	25%	50%
KPI 2	By June 30, 2022, develop a data sharing process for local, regional, and statewide needs assessments and other relevant data.	0%	0%	70%	100%
KPI 3	By December 15, 2022, the Prevention Steering Team and Goal Workgroup will provide data to update statewide and regional prevention profiles.	25%	25%	75%	100%
KPI 4	By December 31, 2022, review survey data from the prevention lead organizations and schools, examine gaps, and look for areas to build relationships and activities.	10%	10%	50%	100%
KPI 5	By December 31, 2022, assess partnership readiness by using a validated survey instrument that enables ongoing assessment, partnership development, and partnership development.	0%	100%	100%	100%

**Goal 4: Align strategic communications, awareness, and education using the following principles: Individual and community acceptability, data-driven, best or promising practices, and culturally relevant and inclusive.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 3</b>	<b>Develop prevention messaging that targets the social ecological model (individual, interpersonal, organizational, community, public policy) and can be customized for local campaigns, coalitions, and audiences (i.e., youth versus law enforcement).</b>				
KPI 1	By December 31, 2022, the Prevention Steering Team and Goal Workgroup will implement targeted messages quarterly to identify selected audiences.	25%	50%	50%	100%
<b>Strategy 4</b>	<b>Develop standardized communication designed to reach populations identified to be at increased risk by hosting stakeholder meetings with populations of focus to develop and disseminate messaging. Selected media channels need to be accessible to priority populations (i.e., TikTok and YouTube versus billboards and newspapers).</b>				
KPI 1	By December 31, 2022, the Prevention Steering Team and Goal Workgroup will continue to host one to two stakeholder meetings in each region to develop media messages and inform dissemination on platforms.	0%	0%	0%	0%
KPI 2	Through December 31, 2022, continue to use the SPF Rx model, community input, non-stigmatizing language and data-driven decision making to inform media marketing by creating a checklist tool that will assist stakeholders in meeting requirements of best practices	25%	50%	50%	75%

	in a standardized manner.				
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**Goal 5: Monitor opioid prescriptions and distribution.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Ensure health professionals in training have appropriate knowledge to reduce inappropriate prescribing of opioid medications for pain.</b>				
KPI 1	By December 31, 2022, develop a data collection process to demonstrate ongoing training occurring for all pre-med, pharmacy, and health professions students in West Virginia on appropriate prescribing practices, medication-assisted treatment, naloxone administration, prescribing and co-distribution, and stigma prior to career entry.	25%	25%	25%	50%
<b>Strategy 2</b>	<b>Continue to conduct public health surveillance with the Prescription Drug Monitoring Program (PDMP) data and publicly disseminate timely epidemiological analyses for use in surveillance, early warning, evaluation, and prevention.</b>				
KPI 1	By December 31, 2022, increase provider education that results in increased knowledge and number of providers trained annually in order to increase uptake of evidence-based prescribing guidelines in practice (i.e., West Virginia Safe and Effective Management of Pain Program).	25%	25%	25%	50%
KPI 2	By December 31, 2022, make naloxone available at the community level, including campuses and schools, to promote educational messages on the benefits of naloxone (i.e., among youth, seniors, and the public).	25%	30%	30%	50%

**Goal 6: Enhance West Virginia’s evidence-based cessation and prevention efforts for tobacco and other nicotine delivery devices/systems through the West Virginia Tobacco Use Reduction Plan.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Implement evidence-based prevention and cessation programs for tobacco and other electronic nicotine delivery systems in accordance with the existing West Virginia Tobacco Use Reduction Plan.</b>				
KPI 1	By December 31, 2022, continue to implement the 2021-2024 West Virginia Tobacco Use Reduction Plan.	25%	50%	75%	100%
KPI 2	By December 31, 2022, continue to disseminate and promote the West Virginia Division of Tobacco Prevention E-Cigarette and Youth Vaping Toolkit in all 55 counties.	25%	50%	75%	100%
KPI 3	By December 31, 2022, promote and utilize cessation programs with youth rather than punitive approaches	25%	50%	75%	100%



	that include 1) education on diversion options, 2) training, and 3) evidence-based prevention interventions.				
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# Community Engagement and Supports

## Goal 1: Increase capacity of recovery housing in West Virginia.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Create and sustain a system of assessing recovery housing capacity and quality to make funding recommendations and expand resources statewide.</b>				
KPI 2	By December 31, 2022, conduct an annual update of the assessment of current recovery housing.	0%	90%	90%	100%
KPI 3	By December 31, 2022, create a layered map to demonstrate the capacity of treatment, transitional, recovery, and re-entry housing across the state. The map will incorporate various factors such as overdose and overdose death rates, levels of care offered through recovery housing, etc., to understand gaps and prioritize needs.	0%	50%	50%	100%
<b>Strategy 2</b>	<b>Provide training, funding, and resources to increase the capacity and appropriate use of recovery housing in West Virginia.</b>				
KPI 1	By December 31, 2022, increase the number of recovery residences that are medication-assisted treatment accessible (offering all forms of medication-assisted treatment) by an additional 20%.	63%	100%	100%	100%
KPI 2	By December 31, 2022, continue to identify and analyze best practices of successful recovery housing in other states and increase trainings statewide in West Virginia by 25%.	31%	92%	100%	100%
KPI 3	By December 31, 2022, continue to increase the number of recovery residences to support multiple pathways of recovery by an additional 10%.	100%	100%	100%	100%
KPI 4	By December 31, 2022, offer two educational opportunities on housing for community stakeholders and partners across the state, to include but not be limited to West Virginia Alliance of Recovery Residences tools, resources, and levels of care.	0%	0%	0%	75%
KPI 5	By December 31, 2022, hold a statewide conference for housing operators, staff, and community stakeholders that offers different tracks, scholarships, hands-on learning, and certificates of completion.	0%	25%	25%	25%
KPI 6	By December 31, 2022, develop a white paper that includes, but is not limited to, how recovery housing is funded in West Virginia, sustainability of funding to support recovery housing, current barriers and challenges, and sustainability of staff.	0%	25%	50%	50%
<b>Strategy 3</b>	<b>Develop and implement a certification process that will assure quality and consistency of recovery housing and the services provided.</b>				
KPI 1	Through December 31, 2022, continue to engage the West Virginia Alliance of Recovery Residences to complete certification processes of recovery residences by an additional 20% in West Virginia.	78%	100%	100%	100%

**Goal 2: Increase availability of transportation in order to access prevention, early intervention, treatment, and recovery services.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Explore innovative models of transportation for individuals with substance use disorder. Based on what is learned about these models and feasibility of addressing existing barriers develop innovative strategies that enable individuals with a substance use disorder to regain the ability to independently transport.</b>				
KPI 1	Through December 31, 2022, continue to convene the Recovery Transportation Task Team to research transportation models (including payment strategies/structures such as Medicaid coverage for transportation to recovery housing in West Virginia), document best practices and working models, and develop a plan that includes recommendations to replicate selected models across West Virginia.	75%	75%	75%	100%
KPI 2	By December 31, 2022, gather information from transportation models such as ridesharing (Huntington pilot project, faith-based organizations, etc.) to explore feasibility (including funding needed) to expand into at least two more counties.	90%	90%	90%	100%
KPI 3	If feasible, expand selected transportation models into at least two more counties by December 31, 2022.	0%	25%	50%	100%
KPI 4	By December 31, 2022, continue to engage treatment and recovery programs to develop internal transportation programs in each region of the state.	20%	25%	25%	25%
KPI 5	Through December 31, 2022, continue to research transportation models across the country, document best practices and working models in a final report.	50%	50%	50%	75%
KPI 6	By October 31, 2022, develop a written plan that includes recommendations to expand scalable, sustainable selected transportation models and strategies across West Virginia, which may include development of additional tools and resources, mobile apps, a peer recovery specialist network, and/or other volunteer transport networks.	50%	50%	50%	75%
KPI 7	By December 31, 2022, participate in the Housing conference by offering a track on transportation.	0%	0%	0%	25%

**Goal 3: Increase employment opportunities and job retention for individuals in recovery for substance use disorders through supported employment, apprenticeships, and programs such as Jobs & Hope West Virginia.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Support jobs creation through existing opportunities that also support recovery.</b>				

KPI 1	By December 31, 2022, explore existing funding options to support employment of individuals in recovery for repairs, renovations, and upkeep for high quality recovery residences.	25%	25%	25%	100%
<b>Strategy 2</b>	<b>Encourage development of a cohesive system to address and promote social enterprises.</b>				
KPI 1	By December 31, 2022, document at least three entrepreneurial and social enterprise models in the state.	50%	50%	60%	100%
<b>Strategy 3</b>	<b>Assist businesses to employ individuals in recovery.</b>				
KPI 2	By December 31, 2022, develop a partnership to collaborate with the West Virginia Small Business Development Center or others on workshops, trainings, and mentors for small businesses, leveraging their existing offerings.	100%	100%	100%	100%
KPI 3	By December 31, 2022, hold virtual and/or in person regional workshops across the state with at least six chambers to disseminate and train businesses on use of the recently developed "Employer Toolkit" (Drug Responsible Workplace - Substance Misuse Toolkit West Virginia Chamber of Commerce (wvchamber.com)).	0%	15%	25%	75%
<b>Strategy 4</b>	<b>Develop regional/local recovery-owned and operated businesses.</b>				
KPI 2	By December 31, 2022, increase recovery-owned and operated businesses in West Virginia by 10%.	0%	50%	100%	100%
<b>Strategy 5</b>	<b>Assist the recovery community in linking with employment.</b>				
KPI 1	By December 31, 2022, and annually, partner with transition agents and business chambers to develop a state listing of recovery-supportive businesses using the indicators developed.	0%	0%	0%	0%
KPI 2	By December 31, 2022, document existing apprenticeship programs that engage and employ individuals in recovery.	0%	50%	60%	75%
KPI 3	By December 31, 2022, add an employment page on the Office of Drug Control Policy webpage to connect individuals to workforce opportunities, WorkForce West Virginia, Workforce Development Boards, and other employment resources.	10%	10%	10%	10%
KPI 4	By March 31, 2022, develop a set of indicators to designate and measure recovery supportive businesses across the state.	0%	25%	50%	100%
<b>Strategy 6</b>	<b>Replicate the Work Progress Administration/Civilian Conservation Corps (WPA/CCC) model of employment for public works projects.</b>				
KPI 2	By December 31, 2022, develop a strategic plan (including funding and sustainability strategies) to replicate a WPA, CCC or recovery corporation type model to employ individuals in recovery for public works services.	0%	0%	0%	0%

<b>Strategy 9</b>	<b>Sustain existing programs that assist individuals in recovery from substance use disorder to obtain employment, including Jobs &amp; Hope, Creating Opportunities for Recovery Employment (CORE), and HIRE-WV.</b>				
KPI 1	By May 1, 2022, conduct a think tank to develop strategies on how to leverage Jobs & Hope, CORE, and HIRE-WV as a comprehensive, integrated system for assisting individuals in recovery to obtain and retain jobs.	0%	50%	100%	100%
KPI 2	By October 1, 2022, develop a written strategic plan that includes a framework, goals/objectives, timeline, and the resources/funding needed for a comprehensive, integrated system for assisting individuals in recovery to obtain and retain jobs.	0%	0%	0%	50%
<b>Strategy 10</b>	<b>Improve employment retention for individuals in recovery from substance use disorder.</b>				
KPI 1	By December 31, 2022, establish a Task Team that is focused on employment retention to explore, document models/approaches, and make recommendations on how to improve retention among individuals in recovery from substance use disorder in West Virginia.	50%	50%	50%	100%

**Goal 4: Support the organization of communities to address the substance use disorder crisis by developing a strategy to pool resources, share ideas and best practices, avoid redundancies, and eliminate gaps.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Develop a mapping and planning tool to maximize resources and disseminate emerging and evidence-based practices to communities with unmet needs related to developing integrated systems for substance use care.</b>				
KPI 1	Through December 31, 2022, continue to support and update at least annually the mapping and planning tool ( <a href="https://dhhr.wv.gov/office-of-drug-control-policy/help/Pages/default.aspx">https://dhhr.wv.gov/office-of-drug-control-policy/help/Pages/default.aspx</a> ) of emerging and/or evidence-based practices to be shared with communities.	25%	50%	75%	100%
KPI 2	Through December 31, 2022, continue to gather information to develop and document a search and compilation process and share emerging and evidence-based programs and practices with prevention, treatment, and recovery providers and update annually.	25%	50%	75%	100%

KPI 3	By December 31, 2022, establish a Task Team (or identify an existing group) to promote activities and share tools, resources, and emerging/evidence-based programs and practices with communities and stakeholders across the state.	25%	25%	25%	25%
KPI 4	By December 31, 2022, conduct and record at least one virtual training session on how to use the mapping and planning tool of emerging and/or evidence-based practices in West Virginia.	0%	100%	100%	100%
<b>Strategy 2</b>	<b>Connect successful applicants for funding and connect their communities to other communities.</b>				
KPI 1	By September 30, 2022, develop a platform to document successful emerging or evidence-based programs to connect individuals and communities to working models and/or services.	0%	0%	0%	0%
KPI 2	By April 30, 2022, conduct and record a virtual training on how to locate local grant opportunities and previously funded foundation and Federal grants (i.e., Centers for Disease Control and Prevention, Substance Abuse Mental Health Services, etc.) in West Virginia.	50%	100%	100%	100%
<b>Strategy 3</b>	<b>Utilize the promising or evidence-based practices in WV, such as Huntington City of Solutions Guidebook and other evidence-based practice guides for community organizing.</b>				
KPI 1	By December 31, 2022, continue to share resources such as the City of Solutions and other developed community resources from across the state on the ODCP website.	25%	50%	75%	100%
KPI 2	By December 31, 2022, annually update the Huntington City of Solutions Guidebook.	0%	0%	0%	0%

# Health Systems

## Goal 1: Reduce fatal and nonfatal overdoses.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Provide broad access to naloxone across the state for those who need it including, but not limited to, first responders, local health departments, quick response teams, and treatment programs (medication-assisted treatment and detox).</b>				
KPI 1	Through December 31, 2022, continue to advance processes that enable access to naloxone upon discharge from healthcare facilities.	25%	50%	75%	100%
KPI 2	Over the course of the plan, 50% of local health departments will have access to naloxone to distribute by December 31, 2020; 75% by December 31, 2021; and 95% by December 31, 2022.	100%	100%	100%	100%
KPI 3	Advance availability of naloxone for distribution by Quick Response Teams for the duration of the plan.	25%	50%	75%	100%
KPI 4	Through December 31, 2022, continue to identify and implement additional strategies to distribute naloxone in local communities (i.e., food banks).	25%	50%	75%	100%
KPI 5	By December 31, 2022, establish and support a sustainability plan for naloxone funding for the duration of the plan.	100%	100%	100%	100%
KPI 6	ODCP will provide ongoing technical assistance and support to ACTION counties (counties with highest overdose death rates) to establish immediate steps to save lives throughout the duration of the plan.	25%	50%	75%	100%
<b>Strategy 2</b>	<b>Increase resources and support for the expansion of Quick Response Teams in local communities across the state.</b>				
KPI 2	Support existing Quick Response Teams throughout the duration of the plan through monthly, virtual peer networking meetings.	25%	50%	75%	100%
<b>Strategy 3</b>	<b>Utilize data to strengthen community responses by gathering, sharing, and disseminating data on fatal and nonfatal overdoses with local communities and providing technical assistance on utilization of data at the community level.</b>				

KPI 1	Through December 31, 2022, and under the direction of the ODCP, continue to operationalize a statewide data collection system and dashboard that is updated within 72 hours after receiving relevant data.	25%	50%	75%	100%-
KPI 2	Through December 31, 2022, continue to offer resources and support on how to access use of the dashboard and interpret the data it contains to support community response.	25%	50%	75%	100%
KPI 3	By December 31, 2022, establish a pilot of up to three communities using Fatality Review Teams as an approach to data use that strengthens local response.	5%	10%	75%	100%

**Goal 2: Expand points of access to substance use disorder treatment through health care system integration.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Promote improved access to substance use disorder treatment through a coordinated approach with healthcare system facilities.</b>				
KPI 1	Through December 31, 2022, continue to support at least two hospital systems in addressing substance use disorder for all patients using a facility-wide model that includes the integration of universal screening, medication-assisted treatment initiation, and coordinated care transition.	25%	50%	75%	100%-
KPI 2	Through December 31, 2022, continue to support at least ten hospital emergency departments in developing clinical pathways for medication-assisted treatment and transition to substance use disorder care.	25%	50%	75%	100%
KPI 3	Through December 31, 2022, continue to enhance inpatient and outpatient efforts for screening for substance use disorders, associated comorbidities (hepatitis, HIV, etc.), and timely and effective transitions to treatment wherever those with substance use disorder are in contact with the health care system.	25%	50%	75%	100%
<b>Strategy 2</b>	<b>Develop a response system statewide through permissible data sharing to quickly identify trends and critical overdose incidents for rapid community response.</b>				
KPI 1	For the duration of the plan, continue to support the public dashboard to display trends and critical incidents that enable local communities to be responsive.	25%	50%	75%	100%



<b>Strategy 3</b>	<b>Address barriers to treatment by expanding digital therapeutics, mobile service delivery, and telehealth.</b>				
KPI 1	By December 31, 2022, continue to expand mobile treatment options to all Department of Health and Human Resources behavioral health regions, including underserved areas.	50%	50%	75%	100%
KPI 2	By December 31, 2022, continue to increase integration and use of digital therapeutics and telehealth in treatment approaches.	70%	70%	75%	75%

**Goal 3: Reduce the risk of infectious diseases associated with substance use disorder.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Increase understanding of harm reduction and stigma and increase cross-sector partnerships in the design, implementation, and evaluation of comprehensive, evidence-based harm reduction programs.</b>				
KPI 1	Support communities undertaking new licensure of their harm reduction program through provision of funding, technical assistance, and quality improvement efforts throughout the duration of the plan.	25%	50%	75%	100%
KPI 2	Decrease harm from injection drug use in all existing harm reduction programs through increase in naloxone distribution, linkages to treatment, and best practices for harm reduction programs throughout the duration of the plan.	25%	50%	75%	100%
KPI 3	Convene partners doing work to reduce health and cost burdens of infectious diseases through cumulative harm reduction strategies, vaccinations, and syringe services for lessons learned and to establish appropriate next steps for the duration of the plan.	0%	0%	0%	0%
KPI 4	Through December 31, 2022, continue to develop a set of best practices for all local health departments to adopt and implement to help reduce syringe litter to prevent harm to first responders and community residents throughout the duration of the plan.	0%	0%	0%	0%
KPI 5	Through December 31, 2022, continue to support cross-state multi-sector forums (i.e., KY, OH, MD, WV) to share lessons learned and advance best practices in implementing evidence-based harm reduction services.	25%	50%	75%	100%

KPI 6	Through December 31, 2022, continue to build capacity and conduct local harm reduction program assessments in ten programs to support quality improvement and provide technical assistance that maximizes program effectiveness and reduces stigma through education.	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED
Strategy 2	<b>Increase screening and rapid access to treatment of infectious diseases associated with substance use disorders (i.e., hepatitis C, HIV, hepatitis B, sexually transmitted diseases, endocarditis, abscesses, etc.) at any entry point for substance use disorder treatment.</b>				
KPI 1	Through December 31, 2022, continue to integrate screening for infectious diseases into key entry points for care related to substance use disorder via a standard screening panel and clinical protocols.	25%	50%	75%	100%
KPI 2	Through December 31, 2022, continue to advance capacity to rapidly expand community testing services for HIV/hepatitis C virus and investigate, track, and manage identified cases.	25%	50%	75%	100%
KPI 3	Through December 31, 2021, continue to work with community health centers and healthcare providers to increase by 20% the number of sites with capacity to provide HIV and hepatitis C treatment in the primary care setting.	25%	50%	75%	100%
KPI 4	Through December 31, 2021, continue to increase primary care provider knowledge of and capacity to provide Pre-Exposure Prophylaxis (PrEP) for HIV prevention for high-risk individuals.	25%	50%	75%	100%
KPI 5	By December 31, 2022, develop a plan that expands Medicaid coverage of hepatitis C treatment to decrease community transmission.	0%	0%	0%	0%
Strategy 3	<b>Develop and implement a statewide West Virginia Hepatitis C Elimination Plan.</b>				
KPI 1	By July 31, 2022, conduct a comprehensive, multi-sector strategic planning process that results in a written, multi-year, West Virginia Hepatitis C Elimination Plan.	10%	25%	50%	75%
KPI 2	By July 31, 2022, develop the Year 1 Strategic Action Plan for the West Virginia Hepatitis C Elimination Plan.	0%	25%	50%	75%

## Treatment, Recovery, and Research

**Goal 1: Improve access to effective treatment for substance use disorder in outpatient and residential facilities.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Increase the number of treatment providers who offer evidence-based practices and programs to save lives for individuals with substance use disorders.</b>				
KPI 1	By December 31, 2022, conduct an annual needs assessment and gap analysis of treatment and recovery services, and resources, by county.	0%	0%	0%	0%
KPI 2	By December 31, 2022, annually update a strategic plan that enables telehealth to be used for substance use disorder treatment and recovery services across the state.	100%	100%	100%	100%
KPI 3	Through December 31, 2022, continue efforts to expand medication-assisted treatment availability in all counties using direct treatment or telehealth.	100%	100%	100%	100%
KPI 4	Through December 31, 2022, continue implementation of an annual educational program on substance use disorder that addresses the identified clinical needs of providers and clinicians.	50%	50%	50%	50%
KPI 5	Through December 31, 2022, continue efforts to establish processes in four communities to implement treatment on demand (i.e., treatment from the emergency department following overdose or anyone presenting with a primary/second opioid use disorder/substance use disorder diagnosis in an acute or other setting). Also see Health Systems for Project Engage efforts.	89%	03%	03%	03%
KPI 6	Through December 31, 2022, continue to demonstrate active planning towards implementation of at least one model that promotes recovery and integrates substance use disorder treatment with the healthcare delivery system.	100%	100%	100%	100%
KPI 7	Through December 31, 2022, continue to support pilots focused on improving retention in treatment and recovery through innovative, evidence-based strategies.	50%	50%	100%	100%
KPI 8	Continue to support full implementation of the Atlas Quality Initiative (Shatterproof) in West Virginia throughout the duration of the	100%	100%	100%	100%

	plan.				
<b>Strategy 2</b>	<b>Implement a comprehensive model that addresses recovery and strengthens funding for pregnant and parenting women and their families.</b>				
KPI 1	Continue to expand implementation of home visiting services with existing Drug Free Moms and Babies programs throughout the duration of the plan.	85%	90%	90%	90%
KPI 2	Through the Maternal Opioid Misuse (MOMs) Centers for Medicare and Medicaid Services funded model, continue to expand Drug Free Moms and Babies affiliated home visiting to all counties in West Virginia throughout the duration of the plan.	85%	90%	90%	90%
KPI 3	Continue to expand residential and outpatient treatment capacity for pregnant and parenting women through the Maternal Opioid Misuse (MOM) model throughout the duration of the plan.	25%	50%	50%	50%
KPI 4	Through December 31, 2022, continue to support implementation of at least three evidence-based projects for parents with substance use disorder who are engaged in the child welfare system.	25%	50%	50%	50%
KPI 5	Through December 31, 2022, continue to expand and support family treatment courts in counties, as appropriate.	60%	100%	100%	100%

**Goal 2: Increase the health professional workforce to treat people with substance use disorder.**

		Q1 Progress	Q2 Progress	Q4 3progress	Q4 Progress
<b>Strategy 1</b>	<b>Improve client and provider education about substance use disorder, including stigma, in the treatment setting.</b>				
KPI 1	By December 31, 2022, continue to increase the number of providers obtaining waivers by 20% each year.	34%	34%	34%	34%
<b>Strategy 2</b>	<b>Develop clinical expertise to treat people who use multiple substances, especially stimulants.</b>				
KPI 1	Through December 31, 2022, continue to develop and implement evidence-based approaches to train providers to implement treatment with clinical supervision to ensure implementation with fidelity.	20%	100%	100%	100%

KPI 2	Through December 31, 2022, continue to disseminate and educate providers on effective clinical applications to care for individuals using stimulants.	100%	100%	100%	100%
KPI 3	Through December 31, 2022, continue to use the ECHO program to support providers on education of stimulants and treatment/recovery management.	100%	100%	100%	100%
<b>Strategy 3</b>	<b>Provide education about substance use disorder to providers in hospitals, urgent cares, and primary care practices.</b>				
KPI 1	Through December 31, 2022, continue to provide education to 1,000 future and current practitioners about substance use disorder, including education to meet medication-assisted treatment waiver requirements.	50%	50%	75%	100%
<b>Strategy 4</b>	<b>Increase the number of clinical providers in the state to meet the demand of people needing treatment for substance use disorder.</b>				
KPI 1	Through December 31, 2022, continue the Steven M. Thompson Physician Corps Loan Repayment Program each semester to help at least 40 clinicians per year.	85%	85%	90%	100%
KPI 2	Through December 31, 2022, continue to work with the various graduate school programs in social work, counseling, and psychology to increase the number of students entering into the substance use disorder field.	30%	60%	80%	100%

**Goal 3: Implement recovery support systems throughout West Virginia.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Define and operationalize a recovery support system model for West Virginia.</b>				
KPI 1	Through December 31, 2022, continue efforts to define appropriate recovery support system models.	100%	100%	100%	100%
KPI 2	Through December 31, 2022, continue to support pilots of at least two different models of community-based recovery support systems.	50%	50%	50%	50%
<b>Strategy 2</b>	<b>Foster the addition of peer recovery supports in health care and substance use disorder treatment settings.</b>				

KPI 1	Through December 31, 2022, continue to develop, implement, and evaluate standardized training for peer recovery support specialists.	100%	100%	100%	100%
KPI 2	Implement and support new and existing peer support programs throughout the duration of the plan.	100%	100%	100%	100%
KPI 3	Throughout the duration of the plan, support recommendations on how to effectively provide ongoing support for peer recovery support specialists.	100%	100%	100%	100%

**Goal 4: Conduct relevant research, evaluation, and dissemination of the comparative effectiveness of various approaches to addressing the substance use disorder crisis.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Work with universities and research institutions to study the effectiveness of various interventions for combatting the substance use disorder crisis across the spectrum from prevention to sustained recovery.</b>				
KPI 1	Through December 31, 2022, continue work to establish a “Research Think Tank” as a standing group that meets regularly under ODCP. The Think Tank will identify current as well as future needs and priorities for research on substance use disorders in West Virginia by developing a “Research Agenda” and will include subject matter experts (i.e., Johns Hopkins) for technical assistance.	0%	0%	0%	0%
KPI 2	Annually through the duration of the plan, analyze existing evaluation efforts to determine future actions and areas that need strengthening (Governor’s Council).	0%	0%	0%	0%

## Court Systems and Justice-Involved Populations

**Goal 1: Provide access to effective treatment for individuals with substance use disorder in the criminal justice and civil child abuse/neglect systems.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
Strategy 1	Provide access across the West Virginia criminal justice system to substance use disorder treatment that offers medication-assisted treatment, therapeutic programming, and facilitates transition to the community upon release.				
KPI 1	Through December 31, 2022, continue to develop processes and protocols, including an annual gap analysis, to document and close gaps related to enabling access to substance use disorder medication assisted treatment (all three U.S. Food and Drug Administration approved medications) and recovery services, in all jails, prisons, and through treatment courts (i.e., family, drug, veterans, etc.) and day report centers.	25%	100%	100%	100%
KPI 2	Through December 31, 2022, continue to develop processes and protocols, including an annual gap analysis, to document and close gaps to enable access to therapeutic programming such as cognitive behavioral therapy, mindfulness, and other established effective programs for justice-involved populations in all jails, prisons, treatment courts, and day report centers.	25%	100%	100%	100%
KPI 3	Through December 31, 2022, continue to support a standardized process in all jails, prisons, and treatment court systems to ensure that all eligible inmates have been offered the opportunity for Medicaid enrollment or have a plan to ensure private insurance coverage prior to release.	25%	50%	75%	100%
KPI 4	Through December 31, 2022, continue to support processes using best evidence currently in place to enable successful transitions from jails and prisons to community by promoting care coordination for medication-assisted treatment, therapeutic programming, and Medicaid benefits upon release that integrate efforts with the treatment, recovery, and research subcommittee.	25%	50%	50%	50%
KPI 5	Through December 31, 2022, continue to provide information and education to judges (i.e., fall conference) and/or other identified	25%	50%	75%	100%

	key stakeholders on substance use disorder medication assisted treatment (all three U.S. Food and Drug Administration approved medications) and recovery services.				
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**Goal 2: Construct pathways to employment, housing, transportation, health, and behavioral health services for individuals with substance use disorders and criminal records.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Develop alternative sentencing options in West Virginia.</b>				
KPI 1	Through December 31, 2022, continue to implement Getting Over Addicted Lifestyles Successfully (GOALS) in all regional jail facilities as appropriate.	50%	50%	50%	50%
KPI 2	Through December 31, 2022, continue to expand treatment courts, including drug treatment courts, family treatment courts, etc., across the state, in accordance with legislative directives.	50%	50%	50%	50%
KPI 3	Through December 31, 2022, provide support to jails, prisons, treatment courts, day report centers, and public defender offices to offer alternative pathways such as peers in jails and with public defender offices for a shared, collaborative approach and to decrease overdose risk upon release.	25%	25%	50%	50%
<b>Strategy 2</b>	<b>Develop policies and procedures for expunging criminal records for certain offenses directly related to substance use disorder.</b>				
KPI 1	Through December 31, 2022, continue to notify offices handling criminal record files across levels of government and the State Bar, informing them about recent changes to state expungement laws and the necessity of accurate record keeping that reflects expunged crimes.	25%	50%	75%	75%
KPI 2	By December 31, 2022, work with the Supreme Court to provide more easily understood forms on the website to support the above process.	25%	50%	75%	75%
KPI 3	By December 31, 2022, establish and implement a process to identify and understand barriers to the expungement filing process through an information gathering process (i.e., key informant interviews, focus groups, etc.).	15%	25%	100%	100%



<b>Strategy 3</b>	<b>Develop support for an employer assistance program for hiring of individuals with a criminal justice history.</b>				
KPI 1	Through December 31, 2022, continue to work with WorkForce West Virginia, Jobs & Hope West Virginia, and Creating Opportunities for Recovery Employment to implement an “Employer Assistance User Guide” for businesses hiring individuals with a criminal justice history.	25%	50%	75%	100%
KPI 2	By December 31, 2022, elicit feedback via a survey from SMEs (CORE, etc.) and publish a white paper to capture lessons learned, challenges, establish and implement an ongoing process to reflect progress, update lessons learned, and document continued challenges.	0%	0%	0%	0%

## Law Enforcement

**Goal 1: Equip and train law enforcement agencies to respond to overdoses.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Provide education and training on naloxone, self-care, harm reduction principles, stigma, and models for responding to overdoses to all law enforcement officers.</b>				
KPI 1	By December 31, 2022, provide at least two training events per year (virtual on in person) for law enforcement that includes naloxone administration, self-care, harm reduction, stigma reduction, and models for responding to overdoses.	50%	60%	60%	100%
KPI 2	Through December 31, 2022, convene a workgroup that will be focused on coordinating/planning trainings, review of evaluations following trainings, and tracking of number trained.	0%	25%	50%	50%
<b>Strategy 4</b>	<b>Ensure that law enforcement agencies have access to naloxone.</b>				
KPI 2	Through December 31, 2022, continue to work with state agencies and local health departments to ensure that all law enforcement agencies have adequate naloxone supply.	25%	50%	75%	100%

**Goal 2: Expand pathways from law enforcement to treatment and recovery.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Engage with community members after overdose and/or with substance use disorder to foster early intervention for treatment and recovery.</b>				
KPI 1	Through December 31, 2022, continue to expand Quick Response Teams in West Virginia's 55 counties based on an assessment of where additional Teams are needed and when a point of moving to maintenance of ongoing support will be reached.	60%	60%	60%	75%
KPI 2	By June 30, 2022, conduct an assessment and gap analysis of where additional Quick Response Teams are needed in West Virginia and when a point of moving to maintenance of ongoing support will be reached.	50%	50%	50%	75%

<b>Strategy 2</b>	<b>Expand pathways to treatment and recovery through innovative diversion models such as the Addiction Recovery Initiative and Kentucky State Police Angel Initiative.</b>				
KPI 1	Through December 31, 2022, continue to provide annual training for law enforcement entities on innovative models for diversion, identification, and de-escalation for individuals with substance use disorder.	60%	70%	70%	75%
KPI 2	Through December 31, 2022, continue to provide incentives to law enforcement to adopt successful diversion programs.	100%	100%	100%	100%
KPI 3	Continue to increase Law Enforcement Assisted Diversion (LEAD) programs in local communities by 10% annually.	100%	100%	100%	100%
KPI 4	By December 31, 2022, conduct an assessment and gap analysis of where additional LEAD programs are needed in West Virginia and when a point of moving to maintenance of ongoing support will be reached.	50%	50%	65%	75%

**Goal 3: Provide law enforcement with analytical tools, techniques, resources, and policies to improve the enforcement of drug laws.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Improve interagency communication between law enforcement, the West Virginia Board of Pharmacy, and the West Virginia Prescription Drug Monitoring Program.</b>				
KPI 3	Through December 31, 2022, continue to implement the online tool for public reporting of suspicious activity (i.e., potential drug deals and drug diversion activity).	100%	100%	100%	100%
KPI 4	By December 31, 2022, establish strategies to increase public awareness of how to report suspicious activities and metrics to monitor effectiveness (i.e., number of communities where reporting occurred, number of suspicious activities reported, etc.).	10%	10%	50%	100%
<b>Strategy 2</b>	<b>Enhance sentences for drug offenders who commit violent crimes with a firearm (i.e., currently a misdemeanor offense in some instances).</b>				
KPI 1	By December 31, 2022, support the passage of a law which would increase sentences for drug-related violent crimes involving a firearm (regular state legislative session of 2021).	0%	25%	50%	50%

Blue = Complete  
 Green = On Target  
 Yellow = Falling Behind  
 Red = Far Behind  
 Gray = Not Started

<b>Strategy 3</b>	<b>Utilize the Overdose Detection Mapping Application Program to identify drug trafficking routes across state lines and encourage local law enforcement to enter overdose data, as required by law.</b>				
KPI 1	Through December 31, 2022, continue to inform all local law enforcement agencies and first responders that entering overdose data into the Overdose Detection Mapping Application Program within 72 hours of overdose is state required.	25%	50%	75%	100%
KPI 2	Through December 31, 2022, continue notifying state and local law enforcement of overdose events and apparent drug routes identifiable via the Overdose Detection Mapping Application Program.	25%	50%	75%	100%

**Goal 4: Strengthen the use and implementation of strategies among law enforcement and first responders to address the incidence and prevalence of children’s exposure to violence and trauma.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Support and expand the Handle with Care program to all first responders in all 55 counties of West Virginia.</b>				
KPI 1	By December 31, 2022, offer training on Handle with Care and Handle with Care protocols to at least 400 law enforcement officers.	10%	50%	100%	100%
KPI 2	By December 31, 2022, offer training on Handle with Care and Handle with Care protocols to at least 200 emergency services personnel.	10%	10%	10%	100%
KPI 3	Through December 31, 2022, monitor law enforcement referrals and use of Handle with Care quarterly to identify opportunities for continued improvements, additional supports needed, etc.	10%	25%	50%	100%

## Public Education

**Goal 1. Develop and compile the educational framework and trainers to address stigma across the state and in target populations.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Develop a comprehensive public database for stigma reduction training/education/curriculum.</b>				
KPI 1	Through December 31, 2022, continue to build a detailed list of all currently existing stigma reduction curriculum/trainings including how to access, cost, length, resulting certification, corresponding evaluation/research, trainer credentials, and target populations.	25%	95%	100%	100%
KPI 2	Through December 31, 2022, continue to convene an Action Group monthly that has stigma reduction/awareness expertise in evidence-based research, curriculum development, training, and outreach.	25%	100%	100%	100%
KPI 3	By December 31, 2022, utilize identified gaps from year one and continue to identify new gaps with regard to priority populations (i.e., healthcare, first responders, media, behavioral health, faith community, legislature, and legal system), trainers, capacity, and regional limitations for curriculum development.	25%	80%	90%	100%
KPI 4	By December 31, 2022, collaborate with other subcommittees on priority population trainings to ensure they are meeting the needs of those communities and have experts from those areas reviewing the material.	25%	90%	100%	100%
KPI 5	Through February 28, 2022, continue to conduct ongoing research that supports selection of trainings/educational opportunities to address gaps in stigma awareness/reduction in West Virginia.	10%	10%	10%	10%
KPI 6	By September 31, 2022, develop one overarching stigma reduction training or framework that allows for additional material to address priority populations, stories of lived experience, and additional substance use disorder/mental health education topics.	85%	90%	95%	100%
KPI 7	By December 31, 2022, integrated review of current initiatives and selected new trainings to develop a public repository of peer reviewed training/educational resources. This will include an evaluation of the degree to which each existing initiative aligns with the evidence-based guiding principles for stigma reduction, ensures peer reviewed trainings for each target	60%	60%	75%	80%

	population, and identifies necessary trainers and steps to ensure fidelity to trainings.				
KPI 8	By December 31, 2022, share the outcome of this process and the public directory with key stakeholders engaged with the Office of Drug Control Policy by sharing the curriculum and online repository for feedback.	0%	25%	50%	75%
<b>Strategy 2</b>	<b>Develop the necessary trainer infrastructure.</b>				
KPI 1	By December 31, 2022, develop a standard process for trainers on the overarching stigma reduction training (Goal1, Strategy 2, KPI 6) to ensure fidelity to the curriculum.	0%	10%	10%	10%
KPI 2	By December 31, 2022, connect with existing organizations that engage in stigma reduction campaigns so they can nominate ten suitable individuals to be trainers.	0%	10%	10%	10%
KPI 3	By December 31, 2022, identify and recruit at least one trainer within each priority population to go through the standard training process.	10%	10%	10%	10%
KPI 4	By December 31, 2022, develop a written dissemination plan for training of prevention lead organizations across the state.	0%	0%	25%	50%
KPI 5	By December 31, 2022, partner with at least three professional schools, colleges, universities, and high school programs to integrate trainings that build on existing partnerships such as those with the Marshall Journalism School and State Opioid Response funding to the medical schools.	10%	10%	25%	50%

**Goal 2: Develop a sustainable online repository/database of educational trainings.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Create a series of online modules using the developed curriculum for the general public and specific stakeholders.</b>				
KPI 2	By December 31, 2022, identify a learning portal (such as www.SUDLearn.com) that can serve as a centralized repository for stigma related learning resources throughout the state.	100%	100%	100%	100%
KPI 3	Through December 31, 2022, continue literature review for stigma awareness evidence to help identify critical information, gaps, and target audiences with written summary of findings and/or recommendations.	60%	60%	100%	100%
KPI 5	By October 1, 2022, develop a comprehensive written plan for online learning that includes proven tools such as interactive e-learns and webinars, innovative modalities, such as micro	15%	15%	25%	50%

	learning, chatbots, voice technology, gamification, and includes incentives, such as free continuing education credits, for completion of learning activities.				
KPI 7	By November 1, 2022, as part of the learning platform, deploy a “coach and share” module where experts can answer questions and make learning recommendations, community members can share new resources and knowledge, and all participants can receive rapid response technical assistance.	0%	0%	15%	25%

**Goal 3: Identify, integrate, and develop a consistent statewide messaging, communication, marketing, and outreach campaign to address stigma.**

		Q1 Progress	Q2 Progress	Q2 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Identify current marketing campaigns and future checks-and-balances.</b>				
KPI 2	By December 31, 2022, develop an evidence-based framework to guide, adapt, and/or measure all marketing campaigns against. Guidelines should align with the training guidelines developed and approved by the Public Education Subcommittee in January 2022 and with Johns Hopkins Stigma Lab’s guiding principles for evidence-based stigma reduction.	100%	100%	100%	100%
KPI 3	By December 31, 2022, establish a detailed public directory on the Stigma Free WV website of the content and scope of current stigma reduction communication campaigns within the state that can be searched by topics covered and population served.	50%	50%	100%	100%
KPI 4	By December 31, 2022, link all stigma marketing campaigns to Stigma Free WV.	50%	50%	75%	100%
KPI 5	By December 31, 2022, the Action Group will identify methods for utilizing state and federal funding to support and disseminate the evidence-based framework for stigma messaging.	10%	10%	10%	10%
KPI 6	By December 31, 2022, post the evidence-based framework guide statewide along with methods for validating or checking future campaigns on Stigma Free WV.	0%	0%	0%	0%
<b>Strategy 2</b>	<b>Expand coordination of evidence-based public messaging campaigns in West Virginia and improve engagement with priority populations.</b>				

KPI 1	Through December 31, 2022, Public Education Subcommittee members will report monthly at Subcommittee meetings on new messaging activities and provide monthly report outs/updates for ongoing public messaging campaigns.	25%	90%	100%	100%
KPI 2	Through December 31, 2022, a written process will be established for Public Education Subcommittee members to submit their public messaging campaign plans for feedback.	50%	50%	50%	50%
KPI 3	By December 31, 2022, Public Education Subcommittee members will develop new targeted campaigns for three target populations not currently being reached.	25%	25%	50%	100%
KPI 4	By December 31, 2022, compile current research and reporting to the Public Education Subcommittee from ongoing campaigns to develop a lessons-learned document to improve future campaigns.	0%	0%	0%	0%
KPI 5	Through December 31, 2022, the Public Education Subcommittee will identify two new methods (marketing or social media) to target the state's SOR funded stigma campaign's key population of focus.	10%	10%	10%	10%
KPI 6	By December 31, 2022, annually update evaluation recommendations that include best practices and account for realistic expectations, for marketing campaigns including pre and post testing, focus groups, and behavior change metrics.	0%	0%	0%	0%
KPI 7	By December 31, 2022, if available, collect and store summary evaluation data from existing marketing campaigns after their conclusion along with the information on Stigma Free WV.	0%	0%	0%	0%
KPI 8	By December 31, 2022, utilize research from KPI 8 to improve recommendations for current campaigns and strategies while continuing to update evidence-based state frameworks.	0%	0%	0%	0%
KPI 9	By December 31, 2022, the Public Education Subcommittee will annually re-evaluate the current list of target populations to ensure that campaigns are addressing the broader community and adapting to ongoing messaging needs and developments in the community.	0%	0%	0%	0%
<b>Strategy 3</b>	<b>Develop experiential campaigns and more targeted support efforts for communities to support ongoing education and stigma awareness/reduction marketing campaigns.</b>				
KPI 1	By December 31, 2022, establish a detailed public directory of currently of previously existing stigma reduction efforts using experiential campaigns in the state.	10%	10%	10%	10%



KPI 2	By December 31, 2022, the Action Group will evaluate current experiential campaign strategies alongside broader curriculum evaluation, decide what populations should be covered, and choose which methods from existing initiatives will be used.	5%	5%	5%	5%
KPI 3	By December 31, 2022, the Action Group will develop a way to evaluate effectiveness including measuring initial and follow up levels of stigma within the target populations who receive experiential campaigns.	0%	0%	0%	0%
KPI 4	Through December 31, 2022, utilize evaluation techniques to expand the initiatives to a new group within the original population (i.e., new hospitals if providers are the target population), or apply the initiative to a new population while being informed by the previous year's work.	0%	0%	0%	0%
KPI 5	By December 31, 2022, annually, reevaluate and expand the experiential campaigns to target the new populations/communities with improved strategies.	0%	0%	0%	0%

## Recovery Community

**Goal 1: Ensure equitable access to the full continuum of care for individuals with substance use disorder who are in recovery, including entry into treatment, transition out of treatment and transition into the workforce with continued support (i.e., detox, inpatient, recovery residence, peer recovery support specialists, and independent living with structured housing).**

		Q Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Address care for individuals who do not qualify for Medicaid and/or are underinsured.</b>				
KPI 1	Through December 31, 2022, continue to assess the current West Virginia Client/Patient Assistance Fund for effectiveness and possible expansion that results in a written summary with recommendations, if needed.	25%	50%	75%	80%
KPI 2	By December 31, 2022, create a statewide directory of programs that offers assistance for care coverage.	25%	50%	75%	80%
KPI 3	By December 31, 2022, develop and implement training to increase awareness among partners on available financial resources to help individuals who do not qualify for Medicaid and/or are underinsured.	0%	0%	10%	10%
<b>Strategy 2</b>	<b>Develop strategies that allow patients to be afforded informed consent with emphasis on patient-centered care.</b>				
KPI 1	Through December 31, 2022, continue to explore models used by other states that assure individuals entering treatment are informed of all treatment options, as well as the risks versus benefits of various treatment options.	25%	75%	75%	90%
KPI 2	By December 31, 2022, develop a West Virginia model that includes a standard written consent and tools/resources for use by treatment and recovery facilities statewide.	25%	25%	10%	80%
<b>Strategy 3</b>	<b>Support continued expansion and diversification of outreach methods and peer integration using best practices statewide to reach individuals not currently being engaged in care (i.e., Quick Response Teams).</b>				
KPI 1	Through December 31, 2022, continue to create a plan and model for a “recovery response team” to conduct outreach to those who have left treatment/recovery programs and referrals that are not related to overdose events.	5%	25%	75%	50%
KPI 3	By December 31, 2022, develop a standardized set of policies and best practices for outreach as a toolkit.	0%	10%	80%	35%

KPI 4	Through December 31, 2022, continue to assess feasibility and sustainability for expansion of peer recovery supports to non-traditional settings (i.e., domestic violence shelters, homeless agencies/shelters, learning centers, libraries, emergency rooms/departments, foster care, home visitation programs, law enforcement stations, schools, rural health centers, child protective services non-profits).	25%	25%	50%	50%
<b>Strategy 4</b>	<b>Explore the development of a state funded Recovery Community Organization System.</b>				
KPI 1	Through December 31, 2022, continue to research models of existing Recovery Community Organizations in New Hampshire, Florida, and Vermont and develop a white paper with recommendations (including funding mechanisms) for a state-sponsored certification proposal/program.	25%	50%	50%	100%
KPI 2	Through December 31, 2022, continue to establish partnerships with Faces and Voices of Recovery to explore the development and operations of a Recovery Community Organization, including a pilot program with technical assistance and evaluation.	100%	100%	100%	100%
KPI 3	By December 31, 2022, through the Recovery Community Organization, provide education via two to three trainings on recovery capital and “telling stories/sharing successes” to increase understanding, support, and encouragement of the treatment and recovery community.	0%	0%	25%	75%
KPI 4	By December 31, 2022, explore development of recommended funding mechanisms to operationalize and sustain the Recovery Community Organization state-sponsored program with the goal of strategic expansion into all seven regions.	100%	100%	100%	100%

**Goal 2: Ensure long-term sustainability and development of the substance use disorder infrastructure in West Virginia, including prevention, early intervention, treatment, and recovery, by effectively utilizing resources and/or diversifying funding sources.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Align payment with quality versus quantity so that it is value-based.</b>				
KPI 1	By December 31, 2022, convene a group that includes funders to develop strategic direction and promote practices and policies that broadly				

	address sustainability and result in recommendations, including accountability of providers system-wide.	0%	10%	20%	20%
KPI 2	By December 31, 2022, examine other state models to understand how rates in West Virginia can be commensurate with surrounding states.	0%	10%	10%	15%
<b>Strategy 2</b>	<b>Identify alternative payment models and funding streams for continuity of services of the continuum of care for substance use disorder.</b>				
KPI 1	By December 31, 2022, identify other providers, payers, or states that currently have alternative payment models.	0%	10%	25%	40%

**Goal 3: Develop and expand evidenced-based support systems for families using Community Reinforcement and Family Training and the Strengthening Families Program.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Build on a model that includes peer recovery specialists and family support workers.</b>				
KPI 1	By December 31, 2022, develop a written plan to replicate, improve, and expand the use of the blended model statewide using existing reimbursement codes for community health workers to support Family Peer Recovery Support Specialists.	25%	100%	100%	100%
KPI 2	By December 31, 2022, conduct ongoing data collection and evaluation to understand and effectively replicate the model based on promising, emerging and best practices.	25%	25%	50%	50%
<b>Strategy 2</b>	<b>Engage behavioral health providers for a more robust family services program including integration of at least one didactic services weekend at residential levels of care per month.</b>				
KPI 1	By December 31, 2022, partnered with DHHR's Bureau for Medical Services (BMS) to determine feasibility of increased reimbursement rates for clients using a family code modifier.	0%	0%	100%	100%
KPI 2	By December 31, 2022, conduct a proof-of-concept initiative to demonstrate value, savings, and effectiveness of the reimbursement model.	0%	10%	50%	50%
KPI 3	By December 31, 2022, explore the development of policy to enhance flexibility of service codes that include family members	0%	0%	50%	50%

**Goal 4: Strengthen morbidity and mortality prevention through naloxone distribution.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Expand naloxone distribution and access.</b>				
KPI 1	Through December 31, 2022, continue to review and amend state naloxone standing orders as needed to expand distribution with education to pharmacists and key stakeholders (i.e., college campuses, schools, homeless shelter organizations, etc.). Under 18 distribution needs to be discussed.	100%	100%	100%	100%
KPI 2	Through December 31, 2022, continue to explore policy development that would require providers to assure co-prescribing naloxone with each opioid prescription written as a best practice.	50%	75%	75%	80%
KPI 3	By December 31, 2022, develop a written plan to strategically place naloxone dispensing machines in one county in each Ryan Brown region.	75%	100%	100%	100%
KPI 4	By December 31, 2023, strategically placed naloxone dispensing machines in one county in each Ryan Brown region.	0%	75%	75%	80%
KPI 5	By December 31, 2022, work with the Courts and Justice-Involved Populations Subcommittee and the Division of Correction and Rehabilitation to support development of appropriate policies that assure naloxone distribution upon release for justice-involved populations with substance use disorder.	50%	75%	75%	80%
<b>Strategy 2</b>	<b>Improve data collection and dissemination to expedite overdose response (i.e., through Overdose Detection Mapping Application Program (ODMAP) and DHHR’s Office of the Chief Medical Examiner).</b>				
KPI 1	Through December 31, 2022, continue to create process maps that enable identification of gaps and barriers to facilitate work with regulatory agencies to improve data collection, dissemination, and use.	25%	25%	50%	65%
KPI 2	Through December 31, 2022, continue to vet the process map with weekly overdose data action teams for feedback.	25%	25%	50%	65%
KPI 3	Through December 31, 2022, continue to implement improvement strategies for coordination of data sharing from DHHR’s Office of the Chief Medical Examiner (OCME) to Quick Response Teams, Office of Drug Control	25%	50%	50%	60%

	Policy, the dashboard, etc.				
KPI 4	By December 31, 2022, explore establishing exceptions to HIPAA 42CFR on data sharing among agencies that would enable more effective use of data to inform communication.	0%	10%	10%	10%

**Goal 5: Assure consistency, efficiency, and effectiveness of reentry procedures and policies to ensure adequate pathways to substance use disorder treatment and recovery support.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Collaborate with Courts &amp; Justice Involved Populations subcommittee on associated goals, strategies and KPIs.</b>				
KPI 1	Through December 31, 2022, continue to establish regular meetings with the Courts & Justice Involved Populations subcommittee with the Recovery subcommittee to identify opportunities for collaboration and synergy.	25%	25%	50%	50%
KPI 2	By December 31, 2022, develop and implement a written action plan that supports areas of collaboration and synergy that are identified.	0%	10%	10%	10%
<b>Strategy 2</b>	<b>Strengthen integration of Jobs &amp; Hope into processes with correctional facilities prior to and after release.</b>				
KPI 1	Through December 31, 2022, continue to conduct an assessment to determine how effectively existing processes are working and identify any areas for improvement, including information collected from Jobs & Hope Transition Agents, as well as correctional facility staff.	25%	25%	25%	40%
KPI 2	By December 31, 2022, map the existing process of Jobs & Hope referrals for individuals following release, develop the “ideal” or future state process, and establish a written action plan to close gaps and move toward the future process.	0%	0%	0%	0%
<b>Strategy 3</b>	<b>Integrate Sequential Intercept Mapping into community-based efforts to improve communication and coordination across the continuum of care.</b>				
KPI 1	By December 31, 2022, collaborate with SIM trainers from MU to develop a white paper describing how Sequential Intercept Mapping can be used to assist communities in identifying resources and gaps in services at each intercept and develop local strategic action plans.	0%	5%	100%	100%

KPI 2	By December 31, 2022, collaborate with Sequential Intercept Mapping trainers at Marshall University, Courts and Justice-Involved Population Subcommittee, ODCP, and people with lived experience to conduct a pilot in the county with the highest rate of overdose fatalities after release from incarceration and juvenile justice facilities to increase understanding in the development of effective systems of care that bridge criminal justice, behavioral health, and substance use disorder.	0%	0%	25%	25%
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**Goal 6: Engage associations/coalitions to improve cross-sectional collaboration in West Virginia.**

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress
<b>Strategy 1</b>	<b>Engage professional associations and coalitions focused on substance use disorder to establish and strengthen strategic partnerships that can influence outcomes for individuals with substance use disorder.</b>				
KPI 1	By December 31, 2022, invite key stakeholders to each meeting of the Recovery Community Subcommittee for updates, sharing of information, and development of shared goals.	50%	80%	100%	100%
KPI 2	By December 31, 2022, work with all stakeholder groups towards development of a document that reflects the shared alignment of goals that is updated annually and shared with local, and state elected officials.	50%	60%	80%	95%
KPI 3	By December 31, 2022, leverage the partnerships and expertise of the collective strategic partnerships to serve as a resource for the Governor’s Council.	25%	50%	75%	90%

# Accomplishments

## Quarter 1 Accomplishments

During the first quarter of 2022, a total of 26 KPIs were completed. Once complete, these KPIs are often ongoing but may also provide the foundation for advancing the work of a subsequent KPI as a next step. The section below highlights accomplishments for KPIs measured at 100% completed during Quarter 1:

### PREVENTION

- During Prevention Day at the Legislature (2022), key prevention information was disseminated by regional prevention leads to more than 50% of their delegates.
- One to two prevention mentors were identified in each prevention region across the state to connect them to ongoing virtual prevention collaborative workspace to support their work.

### COMMUNITY ENGAGEMENT & SUPPORTS

- The number of recovery residences supporting multiple pathways of recovery increased by an additional 10%.
- A partnership to collaborate with the West Virginia Small Business Development Center was established to offer workshops, training, and mentors for small businesses.

### HEALTH SYSTEM

- All 48 local health departments in West Virginia have access to naloxone to distribute in their respective public health jurisdictions.
- A sustainability plan for naloxone funding and availability was developed for the state.
- Ongoing technical assistance and support is being provided to West Virginia's 39 Quick Response Teams through monthly, virtual peer networking meetings and 1:1 support as needed.

### TREATMENT, RECOVERY, AND RESEARCH

- The strategic plan that enables telehealth to be used for substance use disorder treatment and recovery services across the state was updated.
- Efforts continue efforts to expand medication-assisted treatment availability in all counties using direct treatment or telehealth.
- Active planning continued towards implementation of at least one model that promotes recovery and integrates substance use disorder treatment with the healthcare delivery system.
- Pilots focused on improving retention in treatment and recovery through innovative, evidence-based strategies.
- Full implementation of the Atlas Quality Initiative (Shatterproof) was continued.
- Educational opportunities were offered to providers on effective clinical applications to care for individuals using stimulants.
- The ECHO program continued to support providers on education of stimulants and treatment/recovery management.
- Appropriate recovery support system models were defined for the state.
- Standardized training continued to be offered to peer recovery support specialists.



- Peer support educational programs continued to be offered.
- Recommendations on how to effectively provide ongoing support for peer recovery support specialists were implemented.

#### **LAW ENFORCEMENT**

- Incentives were provided to law enforcement to adopt successful diversion programs.
- Law Enforcement Assisted Diversion (LEAD) programs in local communities were increased by 10%.
- The online tool for public reporting of suspicious activity (i.e., potential drug deals and drug diversion activity) continues to be available.

#### **PUBLIC EDUCATION**

- A learning portal (such as [www.SUDLearn.com](http://www.SUDLearn.com)) was identified to serve as a centralized repository for stigma-related learning resources throughout the state.
- An evidence-based framework was developed to guide, adapt, and measure all stigma-related marketing campaigns.

#### **RECOVERY COMMUNITY**

- Partnerships continued to be established with Faces and Voices of Recovery to explore the deployment and operations of a Recovery Community Organization, including a pilot program with technical assistance and evaluation.
- The development of recommended funding mechanisms to operationalize and sustain the Recovery Community Organization state-sponsored program was explored with the goal of strategic expansion into all seven regions of the state.
- Review of the state naloxone standing order was performed to ensure distribution with education to the pharmacist and key stakeholders (i.e., college campuses, schools, homeless shelter organizations, etc.).

## **Quarter 2 Accomplishments**

During the second quarter of 2022, a total of 40 KPIs were completed. Once complete, these KPIs are often ongoing but may also provide the foundation for advancing the work of a subsequent KPI as a next step. The section below highlights accomplishments for KPIs measured at 100% completed during Quarter 2:

### **PREVENTION**

- Partners collaborated to identify a cross-section of two to four prevention champions, including legislators, from each region in the state and introduced them at the prevention summit.
- Three to four prevention training sessions were provided, including an annual statewide prevention summit.
- Partnership readiness was assessed by using a validated survey instrument that enabled ongoing assessment and partnership development.

### **COMMUNITY ENGAGEMENT & SUPPORTS**

- The number of recovery residences that were medication-assisted treatment accessible (offering all forms of medication-assisted treatment) increased by an additional 20%.
- The West Virginia Alliance of Recovery Residences was engaged to complete certification processes of recovery residences by an additional 20% in West Virginia.
- At least one virtual training session was conducted and recorded on how to use the mapping and planning tool of emerging and/or evidence-based practices in West Virginia.
- A virtual training on how to locate local grant opportunities and previously funded foundation and Federal grants (i.e., Centers for Disease Control and Prevention, Substance Abuse Mental Health Services, etc.) was conducted and recorded in West Virginia.

### **TREATMENT, RECOVERY, AND RESEARCH**

- Family treatment courts continued to be expanded and supported in counties, as appropriate.
- Evidence-based approaches continued to be developed and implemented to train providers in implementing treatment with clinical supervision, ensuring implementation with fidelity.

### **COURT SYSTEMS AND JUSTICE-INVOLVED POPULATIONS**

- Processes and protocols continued to be developed, including an annual gap analysis, to document and close gaps related to enabling access to substance use disorder medication-assisted treatment (all three U.S. Food and Drug Administration approved medications) and recovery services in all jails, prisons, treatment courts (i.e., family, drug, veterans, etc.), and day report centers.
- Processes and protocols continued to be developed, including an annual gap analysis, to document and close gaps in enabling access to therapeutic programming such as cognitive behavioral therapy, mindfulness, and other established effective programs for justice-involved populations in all jails, prisons, treatment courts, and day report centers.

- WorkForce West Virginia, Jobs & Hope West Virginia, and Creating Opportunities for Recovery Employment continued to be worked with to implement an "Employer Assistance User Guide" for businesses hiring individuals with a criminal justice history.

#### **PUBLIC EDUCATION**

- An Action Group was convened monthly, consisting of experts in stigma reduction/awareness, evidence-based research, curriculum development, training, and outreach.

#### **RECOVERY COMMUNITY**

- A written plan was developed to replicate, improve, and expand the use of the blended model statewide, utilizing existing reimbursement codes for community health workers to support Family Peer Recovery Support Specialists.
- A written plan was developed to strategically place naloxone dispensing machines in one county in each Ryan Brown region.

## **Quarter 3 Accomplishments**

During the third quarter of 2022 a total of 16 KPIs were completed. Once complete these KPIs are often ongoing but may also provide the foundation for advancing work of a subsequent KPI as a next step. The section below highlights accomplishments for KPIs measured at 100% completed during Quarter 3:

### **PREVENTION**

- Annually offered two trainings on current proven prevention models to partners across the state.
- Surveyed members to ensure every aspect of prevention was represented by participating partners.
- Established designated prevention coalitions and expectations that were added to funding announcements.

### **COMMUNITY ENGAGEMENT & SUPPORTS**

- Continued to identify and analyze best practices of successful recovery housing in other states and increased trainings statewide in West Virginia by 25%.
- Increased recovery-owned and operated businesses in West Virginia by 10%.
- Conducted a think tank to develop strategies on how to leverage Jobs & Hope, CORE, and HIRE-WV as a comprehensive, integrated system for assisting individuals in recovery to obtain and retain jobs.

### **COURT SYSTEMS AND JUSTICE-INVOLVED POPULATIONS**

- Established and implemented a process to identify and understand barriers to the expungement filing process through an information gathering process (i.e., key informant interviews, focus groups, etc.).

### **LAW ENFORCEMENT**

- Offered training on Handle with Care and Handle with Care protocols to at least 400 law enforcement officers.

### **PUBLIC EDUCATION**

- Continued to build a detailed list of all previously existing stigma reduction curriculum/trainings, including how to access, cost, length, resulting certification, corresponding evaluation/research, trainer credentials, and target populations.
- Collaborated with other subcommittees on priority population trainings to ensure they met the needs of those communities and had experts from those areas reviewing the material.
- Continued the literature review for stigma awareness evidence to help identify critical information, gaps, and target audiences, with a written summary of findings and/or recommendations.
- Established a detailed public directory on the Stigma Free WV website of the content and scope of past stigma reduction communication campaigns within the state that could be searched by topics covered and population served.
- Public Education Subcommittee members reported monthly at Subcommittee meetings on new messaging activities and provided monthly report outs/updates for ongoing public messaging

campaigns.

#### **RECOVERY COMMUNITY**

- Partnered with DHHR's Bureau for Medical Services (BMS) to determine the feasibility of increasing reimbursement rates for clients using a family code modifier.
- Collaborated with SIM trainers from MU to develop a white paper describing how Sequential Intercept Mapping could be used to assist communities in identifying resources and gaps in services at each intercept and developing local strategic action plans.
- Invited key stakeholders to each meeting of the Recovery Community Subcommittee for updates, sharing of information, and the development of shared goals.

## Quarter 4 Accomplishments

During the fourth quarter of 2022, a total of 61 KPIs were completed. Once complete, these KPIs are often ongoing but may also provide the foundation for advancing the work of a subsequent KPI as a next step. The section below highlights accomplishments for KPIs measured at 100% completed during Quarter 4:

### PREVENTION

- Annually worked with partners and prevention organizations to schedule and host Prevention Day and activities at the Legislature.
- Examined how coalitions were funded at the coalition/county level and created a set of recommendations to expand and diversify funding strategies for support.
- Launched the state-level clearinghouse.
- The Prevention Steering Team and Goal Workgroup released a guidance document that included recommended prevention interventions for universal, selected, and indicated populations.
- Developed a data sharing process for local, regional, and statewide needs assessments and other relevant data.
- The Prevention Steering Team and Goal Workgroup provided data to update statewide and regional prevention profiles.
- Reviewed survey data from the prevention lead organizations and schools, examined gaps, and looked for areas to build relationships and activities.
- The Prevention Steering Team and Goal Workgroup implemented targeted messages quarterly to identify selected audiences.
- Continued to implement the 2021-2024 West Virginia Tobacco Use Reduction Plan.
- Continued to disseminate and promote the West Virginia Division of Tobacco Prevention E-Cigarette and Youth Vaping Toolkit in all 55 counties.
- Promoted and utilized cessation programs with youth rather than punitive approaches that included: 1) education on diversion options; 2) training; and 3) evidence-based prevention interventions.

### COMMUNITY ENGAGEMENT & SUPPORTS

- Conducted an annual update of the assessment of current recovery housing.
- Created a layered map to demonstrate the capacity of treatment, transitional, recovery, and re-entry housing across the state. The map incorporated various factors such as overdose and overdose death rates, levels of care offered through recovery housing, etc., to understand gaps and prioritize needs.
- Continued to convene the Recovery Transportation Task Team to research transportation models (including payment strategies/structures such as Medicaid coverage for transportation to recovery housing in West Virginia), documented best practices and working models, and developed a plan that included recommendations to replicate selected models across West Virginia.
- Gathered information from transportation models such as ridesharing (Huntington pilot project, faith-based organizations, etc.) to explore feasibility (including funding needed) to expand into at least two more counties.
- Expanded selected transportation models into at least two more counties.

- Explored existing funding options to support the employment of individuals in recovery for repairs, renovations, and upkeep for high-quality recovery residences.
- Documented at least three entrepreneurial and social enterprise models in the state.
- Developed a set of indicators to designate and measure recovery-supportive businesses across the state.
- Established a Task Team that focused on employment retention to explore, document models/approaches, and make recommendations on how to improve retention among individuals in recovery from substance use disorder in West Virginia.
- Continued to support and update at least annually the mapping and planning tool (<https://dhhr.wv.gov/office-of-drug-control-policy/help/Pages/default.aspx>) of emerging and/or evidence-based practices to be shared with communities.
- Continued to gather information to develop and document a search and compilation process and shared emerging and evidence-based programs and practices with prevention, treatment, and recovery providers and updated annually.
- Continued to share resources such as the City of Solutions and other developed community resources from across the state on the ODCP website.

## **HEALTH SYSTEM**

- Advanced processes that enabled access to naloxone upon discharge from healthcare facilities.
- Advanced availability of naloxone for distribution by Quick Response Teams for the duration of the plan.
- Continued to identify and implement additional strategies to distribute naloxone in local communities (i.e., food banks).
- ODCP provided ongoing technical assistance and support to ACTION counties (counties with the highest overdose death rates) to establish immediate steps to save lives throughout the duration of the plan.
- Supported existing Quick Response Teams throughout the duration of the plan through monthly, virtual peer networking meetings.
- Under the direction of ODCP, it continued to operationalize a statewide data collection system and dashboard that was updated within 72 hours after receiving relevant data.
- Continued to offer resources and support on how to access the use of the dashboard and interpret the data it contained to support community response.
- Established a pilot of up to three communities using Fatality Review Teams as an approach to data use that strengthened local response.
- Continued to support at least two hospital systems in addressing substance use disorder for all patients using a facility-wide model that included the integration of universal screening, medication-assisted treatment initiation, and coordinated care transition.
- Continued to support at least ten hospital emergency departments in developing clinical pathways for medication-assisted treatment and transition to substance use disorder care.
- Continued to enhance inpatient and outpatient efforts for screening for substance use disorders, associated comorbidities (hepatitis, HIV, etc.), and timely and effective transitions to treatment wherever those with substance use disorder were in contact with the health care system.
- Continued to support the public dashboard to display trends and critical incidents that enabled local communities to be responsive.
- Continued to expand mobile treatment options to all Department of Health and Human Resources behavioral health regions, including underserved areas.
- Supported communities undertaking new licensure of their harm reduction program through the

provision of funding, technical assistance, and quality improvement efforts.

- Decreased harm from injection drug use in all existing harm reduction programs through an increase in naloxone distribution, linkages to treatment, and best practices for harm reduction programs.
- Continued to support cross-state multi-sector forums (i.e., KY, OH, MD, WV) to share lessons learned and advance best practices in implementing evidence-based harm reduction services.
- Continued to integrate screening for infectious diseases into key entry points for care related to substance use disorder via a standard screening panel and clinical protocols.
- Continued to advance the capacity to rapidly expand community testing services for HIV/hepatitis C virus and investigate, track, and manage identified cases.
- Continued to work with community health centers and healthcare providers to increase by 20% the number of sites with capacity to provide HIV and hepatitis C treatment in the primary care setting.
- Continued to increase primary care provider knowledge of and capacity to provide Pre-Exposure Prophylaxis (PrEP) for HIV prevention for high-risk individuals.

#### **TREATMENT, RECOVERY, AND RESEARCH**

- Continued to provide education to 1,000 future and current practitioners about substance use disorder, including education to meet medication-assisted treatment waiver requirements.
- Continued the Steven M. Thompson Physician Corps Loan Repayment Program each semester to help at least 40 clinicians per year.
- Continued to work with the various graduate school programs in social work, counseling, and psychology to increase the number of students entering the substance use disorder field.

#### **COURT SYSTEMS AND JUSTICE-INVOLVED POPULATIONS**

- Continued to support a standardized process in all jails, prisons, and treatment court systems to ensure that all eligible inmates were offered the opportunity for Medicaid enrollment or had a plan to ensure private insurance coverage prior to release.
- Continued to provide information and education to judges (i.e., fall conference) and/or other identified key stakeholders on substance use disorder medication-assisted treatment (all three U.S. Food and Drug Administration approved medications) and recovery services.
- Continued to work with WorkForce West Virginia, Jobs & Hope West Virginia, and Creating Opportunities for Recovery Employment to implement an "Employer Assistance User Guide" for businesses hiring individuals with a criminal justice history.

#### **LAW ENFORCEMENT**

- Provided at least two training events per year (virtual or in-person) for law enforcement that included naloxone administration, self-care, harm reduction, stigma reduction, and models for responding to overdoses.
- Continued to work with state agencies and local health departments to ensure that all law enforcement agencies had an adequate naloxone supply.
- Established strategies to increase public awareness of how to report suspicious activities and metrics to monitor effectiveness (i.e., number of communities where reporting occurred, number of suspicious activities reported, etc.).
- Continued to inform all local law enforcement agencies and first responders that entering overdose data into the Overdose Detection Mapping Application Program within 72 hours of overdose was state required.



- Continued notifying state and local law enforcement of overdose events and apparent drug routes identifiable via the Overdose Detection Mapping Application Program.
- Offered training on Handle with Care and Handle with Care protocols to at least 200 emergency services personnel.
- Monitored law enforcement referrals and use of Handle with Care quarterly to identify opportunities for continued improvements, additional supports needed, etc.

#### **PUBLIC EDUCATION**

- Developed one overarching stigma reduction training or framework that allowed for additional material to address priority populations, stories of lived experience, and additional substance use disorder/mental health education topics.
- Linked all stigma marketing campaigns to Stigma Free WV.
- Public Education Subcommittee members developed new targeted campaigns for three target populations that are not currently being reached.

#### **RECOVERY COMMUNITY**

- Continued to research models of existing Recovery Community Organizations in New Hampshire, Florida, and Vermont and developed a white paper with recommendations (including funding mechanisms) for a state-sponsored certification proposal/program.